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COMMUNICATIONS.

THE USE OF HYDROBROMIC ACID AS A REMEDIAL AGENT.

BY J. M. ANDERS, M. D., PH. D.,
Of Philadelphia.

During the past five years the writer has been well nigh daily prescribing ac. hydrobromici dil. in a variety of affections, but chiefly in complaints calling for a neural sedative, with varying, though upon the whole, gratifying success.

Though this substance was discovered as early as 1826, by Ballard, it was first employed as a medicinal agent in 1875 by Wade, of Detroit, and was investigated by experiments upon lower animals so recently as 1881, by Dr. Reichert. According to the results obtained by the latter observer, the physiological effects of this drug are quite similar to those of the bromide of potassium, though they are more transient than the latter. "It was found to depress the reflex functions of the spinal cord, but its effects upon the brain were not observed." Already prior to the date of the experiments by Reichert, clinical experience had established the fact that this agent is very useful as a substitute for the bromides of sodium, ammonium, and potassium. There are, however, certain conditions in which this acid is more beneficial, and others in which it is less so, than the bromides. It has been especially recommended to prevent the headache, tinnitus aurium, and other disorders occasionally following the use of large doses of the sulphate of quinia. Now, my own experience, as well as that of Hammond and

others, develops the fact that so far from being better adapted than the bromides to obviate these unpleasant symptoms, it is really less efficacious than they.

The chief condition in which the hydrobromic acid and the bromides are about equally serviceable, or, in other words, the conditions in which it forms an excellent substitute for the bromides are, according to my own conclusions, which are based on several trials of the drug in every complaint, to be enumerated, as follows: whooping-cough, neuralgia, troublesome coughs occasioned by laryngeal or bronchial irritation, and cerebral hyperemia. As the result of a half dozen trials of this remedy in cases of functional irregularity of the action of the heart associated with an excited state of the general nervous system, it was found to be less serviceable than the bromides of sodium and potassium, which were employed in a series of a dozen cases of the same character.

I have acted upon the suggestion by Fothergill (MED. AND SURG. REPORTER, vol. xxxv., p. 317), viz., to prescribe it in combination with quinia in heart troubles such as above outlined, and found it to yield truly admirable results. During the last twelve months, I have chosen from among the frequent examples of organic heart disease coming under notice, a number of those in which the valvular lesions were connected with irregular cardiac contractions, and have exhibited to them this drug in combination with digitalis, arsenic, and iron, with really striking results. Under these conditions the drug appears to exert a tonic effect upon the cardiac muscle, and to bring about more regular contractions. As a substitute for the bromides, this acid may

also be recommended in ovarian excitement and vesical irritation, when the latter is not due to excessive acidity of the urine. In a series of six cases of ovarian sensitiveness occurring in hysterical young females, two were promptly relieved by it, the remaining four only partially. My notes furnish the details of a case which appeared in a lady nearing the change of life.

Frequent desire to micturate was the most distressing symptom; urine contained no pus. An uterine examination revealed only a somewhat congested condition of the pelvic organs. She was practically cured within a fortnight by ac. hydrobromic dil. in doses of half a drachm given four times daily, and this after the bromides had failed of relieving her. From my experience with the drug in this and other cases of the same sort, I am inclined to believe that this acid is especially adapted to the treatment of excitability of the bladder or ovaries where associated with decided vascular congestion of these organs. Among the affections in whose treatment this drug possesses virtues surpassing those of its alkaline salts, are to be particularly mentioned, neurasthenia and post-hemiplegic spastic contractions of certain groups of muscles.

In two cases of neurasthenia of the sort so ably described by Prof. H. C. Wood (*Pepper's System of Medicine*, vol. v., page 354), excited, in one instance, by prolonged and strenuous application to business pursuits, and neither preceded by nor associated with any other discoverable disease; in the other excited by the presence of bleeding piles, lasting eight years, which latter condition is now rarely manifested. Both suffered at first from attacks of vertigo connected with temporary cerebral hyperæmia followed by apparent destruction of muscular strength. One of these subjects became, for a time, disinclined to maintain his reputation as an active business man; the other exhibited marked vaso-motor disturbances. But enough of the symptoms present have been related to show that both cases were typical instances of neurasthenia. For both patients, I had prescribed alternately the bromides of sodium and potassium, and also a pill composed of iron, quinia, and arsenic. As a result of this treatment, the attacks of vertigo became somewhat less frequent and less severe; but there was observed soon to be an increased prostration of nervous and muscular strength.

While reflecting upon my apparent dilemma, it occurred to me to replace the bromides with hydrobromic acid, which was

done. The acid was found to be endowed with all of the favorable influences of the bromides, and not with any of their weakening effects upon the muscular system, which now seemed to improve in strength, an effect that was greatly to be desired. This plan was continued for two months, and at the end of this time a practical cure was obtained. It should be noted that an essential part of the treatment consisted in lessening the daily working hours and enjoining moderate exercise in the open air.

My experience with this drug in spastic contractions of certain groups of muscles in post-hemiplegia is limited to a single case. The patient, a male, aged 68 years, first applied to me in July, 1886, giving the following previous history: From his boyhood days up to the summer of 1884, he had always enjoyed good health; at that period, or two days before the date of his first visit, he had an attack of apoplexy, causing almost complete paralysis of the right side of the body. About six months later, after having sufficiently recovered to be enabled to walk without difficulty, he began to be seized with convulsive movements of the affected arm, the contractions commencing in the flexor muscles of the thumb, extending up the arm to the shoulder, and usually affecting the pectoral muscles of the same side. His attacks increased in violence, becoming soon quite painful. When I first saw him he had but little functional use of the right arm, but almost full use of the right leg. At this time the seizures occurred once daily.

I began the treatment of his case by giving the bromide of potassium (gr. xx. t. d.), and while this had the favorable effect to lessen the frequency and severity of the attacks, it also had the still more unfavorable effect to enfeeble muscular strength on the affected side, causing the foot actually to drag. Having pursued this method of treatment for one month, with the unhappy results before stated, I decided to use the hydrobromic acid. This measure had the immediate effect not only to control effectually the convulsive attacks, but also to allow of a return of the muscular strength to the point at which it was prior to the use of the bromide. While in this state of marked improvement, he contracted a case of diarrhœa, which an over-zealous friend undertook to treat by giving freely of a mixture containing opium. He at once became very drowsy, which state in the course of twelve hours was followed by apoplexy, and this at the end of another week proved fatal. The question here arises, what is the explanation of the

difference between the results from the use of this acid and the bromides?

Squibb has pointed out the fact that bromide of potassium given for a long time weakens the muscular tissue, and sometimes produces other changes through undue alkalinity of the blood and secretions. (*Transactions N. Y. State Med. Society.*)

Since hydrobromic acid, not being associated with an alkaline base, is incapable of producing prostration of muscular strength, and since it has proved its virtues to be in some other respects even superior to the bromides in neurasthenia and post-hemiplegic conditions, the advisability of employing it in exchange for the bromides in these ailments is, to my thinking, free from all doubt. As has been the experience of other observers, so the writer has found this acid to be more highly serviceable than the bromides in gastric irritability.

Concerning the value of this drug as a remedy in the management of epilepsy, the opinions of clinical observers seem to be pretty evenly divided. My own experience tends to corroborate the view that this drug is decidedly less efficacious than the bromide of sodium in this disease. Thus in a marked case of epilepsy mitior which occurred in a female child 14 years old, and having a dolichocephalic head, this acid, in doses of half a drachm four times daily, as the constant result of several trials, greatly increased the number of the attacks. In a case of epilepsy major I prescribed it in drachm doses, given four times daily, with no perceptible influence. In a paper on "The Use of Hydrobromic Acid in Nervous Affections" (*Med. News*, June 20, 1883), Dr. C. L. Dana, after having used it in six cases, concludes that in epilepsy this remedy "cannot be used as a substitute for the bromides, except in the more controllable cases; yet that it undoubtedly has a controlling influence over the disease, and he does not feel certain that if given in equivalently large doses it might not be as efficient as the alkaline salts."

Prof. H. C. Wood (*Med. News*, February 23, 1884,) advocates in vigorous terms the dilute hydrobromic acid, after Wade's formulæ as modified by Fothergill in the treatment of an obstinate cases of epilepsy, though in enormous doses, not less than three ounces per diem, and claims for it better results than from the use of the bromides. In the hands of Allan MacLane Hamilton, ordinary doses of this drug gave negative results in these cases.

A word as to the administration of the drug. The observations by Randolph (MED.

AND SURG. REPORTER, vol. 1, page 123,) show the best time for administering it to be, after salivary digestion, which is arrested by the acid, is completed, and when free, acid begins to be formed in the stomach—about three-quarters of an hour after meals. I have given it in doses varying from one-half to one drachm at varying intervals. It should, of course, be well diluted, preferably with milk.

CONCLUSIONS.

1. Hydrobromic acid should be employed as an alternate substitute for the bromides in the treatment of diseases in which their effects have been shown to be parallel.

2. It should probably supersede the alkaline bromides in neurasthenia and post-hemiplegic disturbances of a convulsive character; also (as an arterial sedative) in congestions of the pelvic viscera.

3. Except when given in colossal doses—a method not practicable in private practice—it appears to be less efficacious than the bromides of sodium and potassium in epilepsy.

4. Owing to the fact that its action is more evanescent than that of the bromides, it should be administered at intervals of not more than four hours.

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THE RATIONAL USES OF ALCOHOL IN PULMONARY PHTHISIS.

BY L. HUBER, M. D.,

Of Fort Scott, Kas.

So diverse and often so unphilosophical are the uses of alcohol in wasting diseases of the lungs that an effort to inculcate right ideas relative to this very useful agent becomes highly necessary. There is a gradual enlargement of our knowledge of this agent and its disposition in the economy. There is likewise a corresponding expansion of our views of consumption of the lungs. Certainly, with this unquestionable advance, medical men should display more judgment and care in the employment of this remedy, and should achieve far better results. With a view to formulate a few principles to guide the practitioner this discussion is ventured.

Alcohol when taken into the healthy human system pursues a certain course. Whether we agree that it is a food or not, it is a substance that ranks with hydrocarbons. Being highly diffusible, it soon finds its way through the system. Authorities argue pretty generally that it undergoes combus-

tion in the lungs—that is, up to a certain limitation it is oxidized, and to that extent acts as a food. The average quantity of absolute alcohol that can be thus disposed of by the healthy organism is within two ounces for twenty-four hours. Knowing the percentage of pure alcohol in the different species of drink, one can readily calculate the respective amounts of each to give, to keep within the proper limitation.

Accepting the weight of authority which favors the views expressed above, let us consider the conditions that tend to modify the utilization of alcohol in the human economy. Evidently there must be modifying causes. Observation tells us that certain persons have a greater tolerance for the agent than others. It also shows that climatic conditions also influence the system. Then comes mode of life, disease conditions, habits, and kind of nutrimenta, etc. Also the purpose aimed at will have something to do with the amount to be prescribed.

The diseases engendered by the abuse of alcoholic stimulants gives us a key to a solution of part of the problem. Some persons have tendency to stomach troubles, to disease of the liver, to abnormal fatty growth in one or another of the organs, or rather a susceptibility to fatty degeneration of certain parts. Inasmuch as the brunt of injury falls upon the stomach, liver, heart, and brain, in even moderate use of alcoholics, it follows that in persons constitutionally weak in these parts a greater hurt will follow than in those constitutionally stronger, or if not a greater, certainly a morbid change will be earlier superinduced. Here then is one condition of tolerance of the agent.

Climatic conditions also favor the amount of alcoholics that the system can consume. In a temperate climate, with a high and dry atmosphere, where the drinking water has no tendency to engorge the liver and render it sluggish, where the atmosphere is rarefied so that the chest must expand to the fullest limitation in order to receive air enough to oxidize the system, where the mode of life is rustic and outdoor largely, alcoholics can be taken far more freely than under opposite circumstances. In certain mountain regions there is an almost absolute tolerance of the agent. Instead of an impression on the nervous system and consequent intoxication, there are improved nutrition and an inexhaustible feeling of comfort and well-being. Consider the country, climate, atmosphere, elevation above the sea, the mode of life incident to the Bible peoples, and it is easily understood how wine, not water, could be-

come the emblem of life. Theorists may dispute the question of fermented and unfermented liquors, but the true solution of the problem is simply that the external surroundings of the race gave it impunity from many of the curses of alcoholic drink.

The kinds of food accessible to a person or habitually used by him will have something to do with the amount of alcohol he can safely consume. This proportion is easily demonstrated. Suppose an individual has healthy digestion; suppose also that he employs such foods that supply waste and demand in his system. Under ordinary circumstances tissue metamorphosis will proceed normally. Suppose, however, that he is forced upon a fat-producing diet somewhat exclusively, without much or any change in the other circumstances of his life. Evidently the liver will have extra work to perform. It will have its functions taxed perhaps to the fullest extent. Fat deposits will take place. Certain tissues will degenerate. Now the ingestion of a rich hydrocarbon like alcohol will be simply adding further trouble. Under these circumstances the more diffusible, combustible *ingestion* will be worked up, to the neglect of the more bulky. That the functions of the system should be thereby greatly disturbed, is not a matter of wonder.

Having specified the circumstances that modify the utilization or consumption of alcoholics in the economy, let us proceed to the application of the principles we have reached. Recently, the theory of pulmonary phthisis has undergone revolution. Of whatever kind, whether tubercular, pneumonic and non-tubercular, the weight of authority is in favor of the view that there is not only impoverishment of the blood and a lowering of the vital principle, but also a septic condition—a degree of blood-poisoning which leads to certain havoc in the system. The two great indications therefore in the treatment of pulmonary phthisis are increased nutrition and antiseptis. The latter indication is receiving earnest, united study by medical men the world over, and not without promising results. In a patient whose lungs are beset with chronic inflammation, due to a lingering pneumonia, in the majority of cases catarrhal, resulting in points of softening and breaking down (chronic interstitial pneumonia, caseous pneumonia, cheesy softening, of pathologists), antiseptis can fulfill two conditions:

1. It can destroy the infection of the morbid products until these are cast from the system; and,
2. It can preserve other portions of the

lung tissue from further invasion and by keeping down blood-poisoning lower the grade of waste, if not check the progress of the disease altogether.

If the antiseptic agent combines with itself the properties of a nutrient or food, it therein possesses a two-fold value.

Let us now consider our agent. In the lungs of a healthy person alcohol undergoes oxidation—is, in other words, consumed. The lungs are limited in their power to effect this change. In a diseased condition, before the other organs have materially lost their healthy functions, it must be supposed that about the same amount of alcohol will diffuse through the tissues and find its way to the pulmonary organs. The lungs being partially disabled in their functions, and the process of oxidation hindered to some degree, it evidently follows that a portion of the alcohol will remain unchanged. As unaltered alcohol diffused through the lung tissue, it must evidently have an influence much the same upon the infective, morbid products as it has when used as a preserving fluid in which animal tissue and insects are kept. This is certainly reasonable. Being antiseptic to some extent, being a preservative of animal tissue, it certainly follows that some of its good effects in certain cases are due to this property. Moreover, it is probable that owing to the diffusion of morbid products and the consequent interference with the respiratory function and attending oxidation of the system, the oxidation or consumption of alcohol is greatly increased. The system in want of a necessary supply grasps, as it were, after the subtle agent. The tolerance, so often observed in phthisical subjects, of alcohol, is probably due to this condition. We have an illustration of a similar kind in another agent. When iron is demanded by the system it is often noticed that a far greater quantity is consumed than under less favoring circumstances.

When the process of nutrition is lowered, it follows that an easily convertible food is better worked up than one of bulk and coarseness. In pulmonary phthisis, the fat deposits in the system are first exhausted. Alcohol as a nutrient is a fat-producer. Hence it is that, as a food, in cases to which it is suitable, there is often such a perceptible increase, not only of the bodily forces, but also of the bodily weight.

So far we have not spoken of alcohol as a stimulus pure and simple. The routine practice of the day often puts it forward as this alone. As such an agent it is grossly abused. It is strange how few physicians

have well-defined ideas of it even in this application. It is the writer's belief that when pulmonary phthisis proceeds so far that alcohol can serve only as a stimulus, the case is beyond help, and must necessarily proceed to a fatal termination. Besides there may be other much more suitable agents to meet this indication.

From the foregoing discussion it follows that the rational uses of alcohol in pulmonary phthisis must be guided by the following conditions:

1. Begin early in the disease, when the first evidences of consolidation and subsequent softening of the lung tissue can be ascertained.

2. Ascertain the capacity of the system to consume alcohol. This will need close scrutiny into action of the liver and lungs. If there be a degree of tolerance greater than that of health, administer the agent to the extent of it, but do not carry it beyond. If no tolerance exists, and the functions of the system are disturbed by a careful administration of the remedy, examine into the external conditions of the patient—the food to which he has been, and perhaps yet is, habituated; the climate; the likely action of the drinking water on the powers of alimentation and the liver; the atmosphere and altitude. By changing these, which may often be radically done by a removal of the patient to another country, to a mountainous, elevated region, where an out-door life is endurable, this want of tolerance may be overcome. Indeed, it is known that persons have been thus saved from further progressive inroads of the disease. In certain mountain altitudes there is, as already remarked, such a degree of tolerance, that intoxication from alcohol could follow only the grossest abuse of the agent. The writer has the record of several cases removed from the low Atlantic seaboard to the table lands of the Rocky Mountains, in which the capacity to use alcohol as a nutrient increased from less than three ounces of good whisky daily, to the average quantity of twenty-six ounces in the twenty-four hours, accompanied by the most marked improvement of the patients in every respect.

3. When the appetite improves, the digestion is healthy, the cough and expectoration lessen, the frequently attending dyspnoea disappears, and the respiration is slower and deeper, under the use of alcohol, no better agent can be found for that particular case. In alcohol the patient will find a new lease of life, if not salvation from the disease. If, moreover, a cavity has formed in the lung

tissue, and the sputa therefrom lose their fetid character upon the ingestion of alcohol, there is the further evidence that the agent is keeping in check systemic infection, and thus preserving the system from the first rapid inroads of the disease.

With a few facts thus formulated, a physician should surely manage his cases of pulmonary phthisis far more satisfactorily than by pursuing the usual routine method. Besides, it will be a serious matter with him to use indiscriminately this useful agent. There are some serious considerations to be recalled. It is not a trifling matter to insist upon the use of an enslaving agent like alcohol. The course must be justified by well-defined aims. How often under the indiscriminate use of the agent has a life of drunkenness been engrafted! This has never followed, the writer will venture to say, the scientific therapeutic administration of alcohol. The late Dr. Flint asserts that it is extremely rare for a taste of alcohol to be engrafted when its use is properly defined, and his experience has been extensive.

Thoroughly convinced by observation of the soundness of these views, the writer will submit them to the reading public for timely consideration.

MEDICO-LEGAL NOTES.

BY HENRY A. RILEY, ESQ.,
Of New York.

CURIOUS GRAVE ROBBERY CASE.

A curious grave robbery case has just been decided by the New York Supreme Court, General Term, at Syracuse. Some little time since Gen. William Irvine, an ex-Congressman and a prominent person in Central New York, died, leaving a large estate. Directly after his death, a Mrs. Fitzgerald stated that Gen. Irvine was indebted to her in a large sum for services rendered as a nurse during several years prior to his death, and that she had loaned him \$2,400 on the day he died. She further stated that unless her demands were met she would make a public scandal. Nothing seems to have been done at the time to appease her, and about a year after Gen. Irvine's death, Mrs. Fitzgerald instituted an inquiry into the cause of his death, alleging poison administered by his wife or daughter. Dr. Edmund A. Reilly, a coroner of Chemung county, had the grave opened in the night time and the body taken to the receiving vault, where an examination was made. The coffin was also searched, and its lining was cut open in an effort to find a will which it was supposed to contain. The body, the

physicians say, showed that one autopsy had already been made upon it. The coroner removed some of the viscera and carried them away with him. The body was then replaced in the coffin and returned to the grave. When these occurrences became known, Mrs. Fitzgerald was indicted for the desecration. It was shown on trial that the parts removed contained no poison, and the defendant was unable to show any valid reason for disinterring the body, and she was convicted and sentenced to two years imprisonment in the Monroe County penitentiary. An appeal was taken from the sentence, but Mrs. Fitzgerald was unable to secure bail, and accordingly had to go to jail. The sentence has about half expired, when the decision of the Appellate Court is announced, to the effect that the conviction was proper and legal.

HUMAN BONE.

The *Microscope*, in its latest issue, has a brief article upon the question, "Can human bone be told from other bone by aid of the microscope?" and says that a general negative must be given. The writer declares, however, that if two specimens are shown, and one is known to be from man and one from another animal, the microscope will show to which one each specimen belongs.

HEALTH COMMISSIONER FOR NEW YORK.

The Health Officers of New York city are in danger of being abolished, if the bills now introduced in the Legislature receive the attention they are expected to get. It is proposed to close out the present Board and appoint a single Health Commissioner, who shall serve for six years and receive a salary of \$8,000. He is to have a Deputy at a salary of \$5,000. The office of Attorney for the Board is abolished, and the Corporation Counsel is directed to assign one of his deputies to the new Commissioner. Corporation Counsel Lacomte has expressed himself in opposition to the bill, and says that the duties of the position can not be properly performed by any attaché of his office, unless an appropriation is made for the purpose.

One of the most important subjects of health legislation is child labor, and the safeguards which should be thrown by statute around the employment of minors. This matter was fully discussed in the annual report of the Bureau of Labor Statistics of Connecticut by Prof. Arthur T. Hadley, the very competent head of the Bureau. Prof. Hadley states that there is a law in Connecticut forbidding the employment of children.

under thirteen years of age. This law was framed in the interest of the working-classes, and yet it is very strenuously resisted by them. The operatives, it was thought, were desirous of keeping their children out of the mills, yet they are the very ones to insist on their working. The secret of this is the need of the money which the children earn. As the report says, the opposition comes from those "to whom the twenty-five cents a day that a child can earn by working in the mills is a present consideration that will outweigh anything else; who will not merely connive at evasions of the law, but make every effort to obstruct its enforcement."

An instance is given of a twelve-year-old boy who was actually supporting a family on wages of five dollars a week. When the law came into force he was driven out of the factory by the State inspectors. Prof. Hadley says that the "general object to be obtained is so good that we must be prepared to enforce the law, even though it may create great hardship in individual cases." The law Prof. Hadley thinks can be enforced, and even a fourteen-year rule, but a higher rate it would probably be impossible to enforce.

OLEOMARGARINE.

The recent decision by the Pennsylvania Supreme Court that the law prohibiting the manufacture of oleomargarine is constitutional is in direct contrast to the decision by the New York Court of Appeals, but it will be very effective if public sentiment sustains it, as seems to be the case. In New York, notwithstanding the adverse decision of the courts, the law still requires oleomargarine to be branded, and the sale is very much diminished.

In New Jersey the law requires the dealer to inform the consumer that he is buying counterfeit butter, and as few persons buy the substitute intentionally, a vigorous enforcement of the law has made the sales much less. The federal law passed at the last session of Congress is helping very much in the general disaster attending the trade in oleomargarine.

"APPLICATION OF THE ANTISEPTIC PRINCIPLE IN PRIVATE PRACTICE."

BY GEO. H. KIRWAN, M. D.,

Of Wilkesbarre, Pa.

To those who are unbelievers as to supuration being a form of bacterial fermentation which never takes place except by the

growth and development of micro-organisms, what here follows will be of little interest.

The busy every-day practitioner cannot devote the time (even if he possess the necessary knowledge and skill) to deep microscopical investigations, micrococcal cultures, etc., pursued by the pathologist and microscopical student, investigations which must convince him, beyond all question, of the bacterial origin of all suppurative troubles, and by the contact and development of these organisms prevent the primary union of wounds.

To my mind there is nothing clearer than that (aside from the microscope, which gives ocular demonstrative proof of the bacterial origin of these troubles) simply drawing our conclusions from the results of their treatment by germicide solutions and dressings, the germ origin of suppurative troubles is demonstrated to be correct.

Let the medical man who doubts that a case of puerperal septicæmia could have resulted from the contact of his surgically unclean hand with the genital tract during parturition, take the precaution in the treatment of subsequent cases to render and keep his hands and instruments *surgically* clean, and observe the absence of such complications in the labors thus treated; or recognizing (as many fail to) that he may have caused the trouble by carrying germs to the seat of the disease, let him use (without any constitutional treatment whatever, if he will,) simple but thorough irrigation of the uterus and whole genital tract with a germicide solution, and observe the temperature drop at once to normal, and all serious symptoms subside, and his skepticism will vanish with the trouble he thus relieves.

Or, again: let him perform or witness almost any surgical operation, *e. g.*, a Teale amputation of the leg under proper antiseptic precautions and dressings, and see the primary dressing left undisturbed for two or three weeks, and then being removed, complete primary union without the formation of one drop of pus having taken place, and contrast this with results of former methods of wound treatment, and draw his own conclusions.

It is fast becoming a settled conviction in the more advanced minds in the profession, that the practitioner who to-day has septicæmia follow his wound treatment, or puerperal fever his accouchements, and resulting fatally, should be held criminally responsible for these preventable consequences.

Amongst the physicians with whom I have talked on the subject who have not adopted

the antiseptic treatment, the reason almost invariably given is, "It's well enough for hospital treatment; if there is anything in it they get the benefit of it; but for or during private practice it is too expensive, and could not be carried out." Where the object is the saving of life or limb, nothing should be too onerous or expensive to the conscientious physician. But aside from this, the object of this paper is to prove this idea fallacious, viz., that antiseptics in private practice is both inexpensive and practicable.

With reference to the cost of dressings, antiseptic dressings are in reality cheaper than ordinary wound dressings, when we remember that one of the former properly applied answers frequently in lieu of twenty of the latter, and many physicians not heretofore practically familiar with the dressings will be surprised that the list here given contains all articles necessary for carrying out the principle and obtaining the extraordinary results claimed for antiseptics in wound treatment, and can be obtained at a cost of about five dollars.

1. Bottle compressed tablets bichloride mercury each containing 7.3 grains, so that one dissolved in pint of water will make the standard one to one-thousandth solution. These tablets are readily soluble, and are much more reliable and convenient than carrying a solution. I have always used those made by Jno. Wyeth & Bro., of Philadelphia. I do not know of any other manufacturers of them. They were first suggested by Dr. Chas. Meigs Wilson, of Philadelphia.

A soft rubber bag fountain syringe, capacity one gallon, with six or eight feet of hose attached with adjustable tubes. The one I use is made by Whitall, Tatum & Co., of Philadelphia, and has infant's, rectal, vaginal (large and small), urethral, and small irrigating tubes for attachment, to which I have added a stomach-tube attachment and a long flexible uterine tube, so that with this I have by gravity washed out the uterus, vagina, rectum, bladder, urethra, and stomach, besides using it for constant irrigation with the bichloride solution in the cleansing antiseptically of all wounds before dressing.

3. Violin strings; to be obtained from any musical dealer—four different sizes being all that is needed. They are prepared by saturating in oil juniper for twenty-four hours, which removes the animal oil; kept in a bottle of stronger alcohol, and saturated in the standard solution when required for use, and used for ligatures, sutures, and capillary drainage. When needed

for the ligature of large vessels, they are made stronger and less readily absorbed by treatment with chromic acid.

4. Cheese-cloth, sold cheaply by all dry goods dealers, saturated in the standard solution, and used for compresses and bandages.

5. Absorbent cotton, saturated in the standard solution and dried. There are many good makes. I use and prefer Jno. Wyeth & Bros. A prepared wool, known as the Globe antiseptic wool, made by Henry Thayer & Co., Cambridgeport, Mass., though possibly less absorbent, never becomes lumpy, is more elastic, and perhaps is preferable to cotton for dressing large wounds.

6. An ounce or more of iodoform in an ordinary pepper box for dusting, or as I use and prefer, one of the cheap insect-powder guns sold in all drug stores.

Armed with the six articles I have just named, and which can all be carried in small compass in the ordinary bag, I am prepared to state from experience that for all ordinary uses in private practice the antiseptic principle can be successfully carried out, the entire practice after all only being surgical cleanliness. Carbolic acid solutions are never absolutely required. Cutting instruments cannot, it is true, be immersed in the bichloride solution, but they can be effectually sterilized by immersion in boiling water; the same is true of the needles used. I have omitted mention of the "protective" used by many, fearing irritation from the direct contact of the dressings, because I have never observed this, and do not use it, but it can be secured for a trifle if preferred. Capillary drainage is sufficient for nearly all wounds dressed antiseptically, and where tube drainage is desirable, the tubes are easily sterilized.

It is perhaps unnecessary to state that the hands must be thoroughly sterilized, and the hair removed from the field of operation, nothing on the surface being more tenacious of dirt, which always means micro-organisms. It will be found, too, that it is attention to what may appear trivial details that will make this treatment successful. Where I have failed with this treatment to prevent suppuration after operation, I have always been able to look back over the case and recall some apparently trivial neglect that defeat the object in view.

—At a recent meeting of the Académie de Médecine, M. Sagneau, the well-known statistician, stated that among the educated classes one-fourth more are unfit for military service than among the masses. In Prussia, the proportion is much greater.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated meeting, February 9, 1887. The President, J. Solis-Cohen, M. D., in the chair.

Dr. H. A. Kelly presented the

Results of Some General Work in Abdominal Surgery, with Cases and Specimens.

The notes of cases here offered for your consideration were collated at very short notice to fill a vacancy in the evening's programme. This explanation, however, I do not intend as an apology, for the subject is one of extreme importance, in which, as a specialist, all my own interest is concentrated; and I believe that I shall be able, in a few minutes this evening, to draw your attention to a list of cases remarkable for its variety, including one or two topics quite new.

Many here to-night remember the time when the large cystic ovarian tumor was considered the only indication for abdominal section, and, if other conditions were accidentally discovered, the incision was simply quietly closed. The dangers of the operation itself were so great that surgeons were loth to interfere until the patient's wretched condition seemed to warrant the risk.

As, however, our race cultivated a familiarity with the peritoneal sac, and learned its limits of toleration and intolerance, a bolder and more successful work was entered upon. With dropped pedicles, innumerable ligatures for hemorrhage, peritoneal toilet, drainage-tube, and, above all, an unremitting care to secure *microscopic* cleanliness throughout, we have become masters of the situation, and our failures, when they occur, are no longer *mysteries*. And with these improvements has come a recognition of a greater variety of indications for abdominal section, until, as to-night, I am able to present, out of twenty-eight successive cases, at least nineteen separate morbid conditions. Before calling your attention to the list of my cases (which shall be only cited briefly by name), I would ask you to consider with me a few important points bearing directly upon the work.

In the first place, as to *percentages*. While I have a personal pride in my work which induces me to say that it will bear the strictest criticism, yet I cannot but deprecate the bitter spirit which animates so much of the percentage discussion. The time was when,

by this means alone, by means of the striking differences which existed, we were enabled to determine, in the absence of personal experience, the relative value of *methods*; but that time has *passed*, and with the closure of the chapter on ovariectomy, this spirit of emulation survives no longer in the interest of *science*, but is *personal* and unworthy of our cause. Further, it is manifestly absurd to compile statistics from a class of heterogeneous cases.

In the removal of small tumors in the pelvis, in the removal of ovaries and tubes not to the naked eye diseased, we are most often compelled to operate for *pain*. The patients themselves, *seeing* nothing amiss, are very loth to submit to "being opened" until their misery makes life a burden—at least this has been my own experience with women, to whom I always explain, in the fullest possible manner, the exact nature of what I propose to do, and its consequences. It is gratifying to the operator, who has finally been driven to this expedient, to find gross lesions suitable for class demonstration, but the most typical relief often comes where the disease cannot be so easily demonstrated; and in cases where there are palpable tumors, the surrounding infiltration and celluhtic inflammation are often serious enough to delay convalescence, for a long time defeating the operator.

Thus, if I were asked, in my own work, which of my cases had given the most gratification—that is, where had the relief been most typical and striking from a condition of suffering—I would point out a patient who was for more than two years unable to take a step on account of the great pain in the right ovarian region; in addition, she was a most wretched sufferer throughout the whole time. There were no gross lesions in the ovaries, and it was long a question with me whether she had not some other serious organic disease, which question I debated under the most varied and patient efforts at general and local treatment, until, with the removal of ovaries here shown, she rose up as if a great weight had been lifted off her, and went home to Barnesville to her parents and friends, a walking miracle.

Another case, well illustrating this point, is that of Mrs. W., here shown. She suffered, as she only can describe to you, ever since her first menstruation, from pains which left her a most degraded picture of misery when she came to my office. I found the remains of chronic ovaritis and the wiry tubes of a chronic salpingitis and perisalpingitis, which had contracted down so tight

and adhered to so many surrounding structures that they were exposed and removed with the utmost difficulty. This patient has gained eighty pounds since the operation.

These results, and some others I might detail had I time, are undeniably brilliant; but cures are not always so typical, and I am still often satisfied in this, my work, if I can remove but one element (perhaps the most distressing) of my patient's sufferings. If my patient can only come back to me and say, "You have taken away that dreadful pain in my back and stomach; life is now bearable, before it was unbearable," I am well content.

Mrs. B. (here shown) exhibits this well. She had a rapidly growing tumor in the right ovarian region, which seemed, in a most unaccountable manner, to prostrate her general health. I decided this to be a case of extra-uterine pregnancy, and I believe my section proved it. She is now like another woman, though still under treatment for an induration of the left apex, undiscoverable before operation.

I do not, Mr. President, therefore, claim wonders for this field of work. I claim for it what is asked for other fields of our art—that the *results* justify the means. It is of *results* I wish now to speak, with a brief preliminary as to *difficulties*.

The difficulties encountered in handling small pelvic tumors are often very great, far exceeding that of removing an ordinary cystoma.

First, the abdominal walls, which have never been distended, press tightly down upon the contents, and the recti pinch the fingers like a vise, utterly defeating any effort to catch or raise pelvic viscera, and this in spite of ether and chloroform. I have been obliged twice to overstretch the recti before I could proceed.

Secondly, in case of chronic peritoneal inflammation, the bleeding from the more superficial vessels of the abdominal wall may be extreme.

Thirdly, the intestines, in this close sac, often cling to the fingers until they feel, as if they were clothed with several pairs of gloves, and just as useless.

Fourthly, when the patient is very obese, the embarrassment of the operator is greatly increased, requiring a much larger incision, prolonged manipulation, with difficulties of closure and subsequent dangers.

Fifthly, Cellulitis, so common a concomitant, so draws down and anchors everything in the pelvis that the structures are elevated with extreme difficulty, and only a pedicle,

in the *technical* sense, can be secured. The danger of secondary hemorrhage from this kind of a tie is, I know, very vividly before the minds of all operators of experience. It is, at times, about like tying the apex of a broad-based pyramid. I tied off some broad ligament structures on a fibro-cystic tumor the other day which impressed me for all the world like putting a ligature on a paper wall.

Lastly. These smaller diseased structures often become parasitic on neighboring tissues and organs for their blood-supply, and when they are torn loose, the bleeding is alarming; and it may be deep down in the pelvis, possibly requiring an enlargement of the original incision, and then only seen with the utmost difficulty of exposure and illumination.

With this introductory, I will read a table of cases operated upon by me in 1886. All the operations were performed within the seven months and a half during which I was at home, and almost all in my private hospital in Kensington. The condition of the patients is either settled or weekly improving, so that I feel at liberty to speak of *results*.

In but two cases of the above list will I dwell any more in detail.

In one, James Dougherty, I did what has, I believe, never been done before: opened the abdomen upon a diagnosis of hypertrophic cirrhosis of the liver, with the intention of puncturing—hepato-phlebotomy.

The patient, about forty years of age, had a very large ascites, which had been treated for some weeks, but never tapped; and with full confidence in the safety of a simple incision, I make a free opening, large enough to admit two fingers, just below the umbilicus, thoroughly emptied the peritoneal cavity of two bucketfuls of fluid, and on reaching the liver found the organ contracted and hobnailed; I consequently closed the incision, which healed perfectly. The fluid reaccumulated very slowly until the man died, some weeks after, in the natural course of the disease. My friends, Dr. R. P. Harris, and Drs. Freeman and Bradford, residents of the Episcopal Hospital, were present. I had long intended to use this direct method of abstracting blood from the liver, in view of my experiences in hospital and private practice since, before Dr. George Harley recommended plunging a trocar into the liver through skin, subcutaneous tissues, and two coats of peritoneum, in the right hypochondrium, with the same end in view—hepato-phlebotomy. If, however, I am go-

No.	Name.	Diagnosis.	Operation.	Date.	Result.	Remarks.
1	Mrs. B.	Cystic papilloma of broad ligament.	Incomplete removal.	Jan. 2, 1886.	Died.	Private hospital. Death in six days of peritonitis.
2	Mrs. D.	Menorrhagia.	Both ovaries and tubes removed.	Jan. 31, 1886.	Recovered.	Private hospital. Worn to a skeleton by hemorrhages which had lasted for years. Two weeks at every menstrual period. Perityphilitis after operation; now in blooming health. Cured.
3	Mrs. C.	Ovarian tumor.	Removal.	Jan. 14, 1886.	Recovered.	Private hospital. Operation by Dr. C. B. Nancrede assisted by me. Fecal fistule six months. Recovered.
4	Mrs. H.	Cystic ovary.	Removal.	Jan. 23, 1886.	Recovered.	Private hospital. Ovary large and full of extensive hemorrhages. Cured.
5	Mrs. W.	Hæmatosalpinx.	Removal.	Feb. 17, 1886.	Died.	Private hospital. Peritonitis.
6	Mrs. B.	Hydrosalpinx.	Removal.	Feb. 24, 1886.	Recovered.	Private hospital. Tubes large as sausages. Cured.
7	Miss S.	Menstrual epilepsy.	Removal of tubes and ovaries.	Feb. 24, 1886.	Recovered.	Private hospital. Remarkably improved after a temporary relapse. Condition yet doubtful.
8	Mrs. P.	Abscess of right ovary.	Removal by enucleation.	Mar. 27, 1886.	Died.	Private hospital. Found, post-mortem, large pus sac in pelvis.
9	Mrs. B.	Three months tubal pregnancy.	Removal.	Mar. 20, 1886.	Recovered.	Private hospital. Pregnant. Later delivered of a large female child.
10	Mrs. U.	Cellulitic adhesions of ovaries.	Adhesions freed.	Mar. 13, 1886.	Recovered.	Private hospital. Now well.
11	Mrs. W.	Ovaritis, salpingitis, and peri-salpingitis.	Removal tubes and ovaries.	Mar. 17, 1886.	Recovered.	Private hospital. Well; has gained eighty pounds.
12	Miss W.	Hydrosalpinx and stump of ovary.	Removal.	Apr. 20, 1886.	Recovered.	Private hospital. No pelvic pains whatever, but frequent headache. Improved.
13	Mrs. W.	Dermoid cyst.	Removal.	Apr. 25, 1886.	Recovered.	Private hospital. Patient operated on by Dr. T. E. Nelson, assisted by me.
14	Mrs. G.	Ovaritis chronica.	Removal tubes and ovaries.	Apr. 17, 1886.	Recovered.	Private hospital. Vastly improved.
15	Mrs. T.	Chronic cellulitis.	No attempt at removal.	Apr. —, 1886.	Recovered.	Private hospital. Improved.
16	Miss S.	Pelvic abscess.	Stitched to abdominal wall.	Mar. 21, 1886.	Recovered.	My home. Died in Pennsylvania Hospital in summer.
17	Mrs. W.	Pelvic cellulitic adhesions.	Separated; no removal.	Apr. 21, 1886.	Recovered.	Private hospital. Since bore child, and feels well.
18	Mrs. H.	Fyosalpinx and abscess of ovary.	Enucleation of large fetid abscess.	May 5, 1886.	Recovered.	Her own home. Cured.
19	Jas. D.	Cirrhotic liver.	Exploratory incision.	Oct. 29, 1886.	Recovered.	His home. Improved from free tap. Died natural course of disease.
20	Mrs. G.	Pelvic abscess.	Abscesses opened into rectum.	Oct. 4, 1886.	Recovered.	Private hospital. Improved.
21	Mrs. M.	Tubercular peritonitis.	Opened; cleansed.	May 12, 1886.	Recovered.	Private hospital. Recovery apparently perfect, with relapse in eight months and again recovery.
22	Mrs. B.	Ovarian pregnancy.	Removal.	Nov. 4, 1886.	Recovered.	Private hospital. Cured.
23	Mrs. B.	Hydrosalpinx; metrorrhagia.	Removal.	Dec. 17, 1886.	Recovered.	Private hospital. Cured.
24	Mrs. B.	Racemose ovarian cyst.	Removal.	Nov. 13, 1886.	Recovered.	Private hospital. Cured.
25	Mrs. T.	Chronic metritis and endometritis.	Removal of appendages.	Nov. 18, 1886.	Recovered.	Private hospital. Cured.
26	Mrs. P.	Papillomatous monocyst of ovary.	Removal.	Nov. 18, 1886.	Recovered.	Private hospital. Cured.
27	Mrs. J.	Retro-peritoneal sarcoma.	Exploratory.	Oct. 4, 1886.	Recovered.	Her home. Now being tapped.
28	Mrs. S.	Papilloma of peritoneum.	Exploratory.	Dec. 24, 1887.	Recovered.	Private hospital. Temporary improvement.

ing to draw blood from this organ in a state of inflammation, I prefer an incision free enough to allow me to handle the organ, and, under full control of the eye and touch, to direct the trocar to the proper place, free from the danger of wounding other structures or large vessels. The incision should be made just above the umbilicus.

Regarding the last case, that of my office nurse here, number twenty-one in the table, I will content myself by briefly remarking that she suffered constantly for four years with a dragging pain in the left side, and two years ago last December she was tapped for what was believed to be a large ovarian tumor. The fluid was straw-colored and coagulated spontaneously in the bucket. She came to me from Ogdensburg, N. Y., twenty

months ago. There had been no reaccumulation of the fluid, but she suffered constantly with dragging pains in the left side. I found here masses attached to the left cornu uteri, which I mapped out in my book; but, to my astonishment, I found, in the course of a few weeks, while under treatment, that the tumor diminished and seemed to have shifted its site. Bimanual examination, while still revealing well-defined masses in the neighborhood of the uterus, yet yielded such a different find that I was disposed to distrust my records. As her suffering increased, I made an incision last spring, and found the intestines universally adherent, like one great sac, but free from the abdominal wall; the pelvic structures were so bound up that I could define nothing. Some serous

fluid oozed up into the incision and coagulated *in situ*. This was carefully cleaned out of the whole peritoneum, a piece of membrane, containing isolated tubercular granulations, snipped off for microscopic examination, and the incision closed. She apparently made a perfect recovery, and returned to New York, doing a great deal of hard work all summer (had not been so well for twelve years). She returned to me upon my return from Europe, and, until seven weeks ago, remained in perfect health. The old pain then began to distress her again, and with it was a continuous elevation of temperature. After waiting until it was impossible for her to drag herself around any more, I again made an abdominal section, by a smaller incision to the right of the old incision, for the purpose of cleaning out the cavity and dusting well with iodoform. She insisted upon preparing everything for the operation herself, and lay down upon the table and submitted to the section *without* a general anæsthetic. I made multiple hypodermatic injections of a few drops of a four per cent. solution of cocaine in the line of the incision. The pain of the incision was but slight. It increased with the introduction of two fingers within the peritoneum, but was easily bearable. In fact, once she warned Dr. R. P. Harris, who was present, not to make her laugh. The only severe pain felt was in handling the matted structures in the left side of the pelvis. Sixty-two grains of pure powdered iodoform were sprinkled over the peritoneal surfaces, the incision closed and the patient put to bed without the slightest shock or discomfort. She insisted on unbuttoning the jackets worn by the operator and assistant, and was as comfortable from that moment until she rose on the sixth day, to take a drive on the seventh day, as if there had been no operation. All trace of the induration has disappeared, and she has since felt perfectly well, although the ultimate result remains very doubtful.

Eleven of the cases referred to in the above table were exhibited to the Society, and showed the scars of their incisions.

DISCUSSION.

Dr. Addinell Hewson said: "I wish to express my opinion in reference to certain points in connection with the paper read. The speaker stated that he has resorted to the operation for the relief of pain in cases where the diagnosis was not definite and the existence of a tumor not positively made out. In an experience with over three hundred cases, I have not seen one in which re-

lief of pain was not directly afforded by the application of clay.

"In reference to the stretching of the cicatrix, it has been my lot to see a good many cases of hernia following laparotomy. In one three or four large herniæ protruded. In this case I resorted to the use of a fifty per cent. solution of silicate of soda applied on strips of gauze, such as the late Dr. Paul Beck Goddard used in his collodion dressings."

Dr. J. M. Baldy said: "I would first refer to the case in which the uterine appendages were removed for metritis. This is a new indication for the operation, and it seems to me that it would be a unique case in which such a procedure would be justifiable. There are many men of large experience who have not seen an uterus which they were unable to reduce to a normal size without recourse to surgical procedure. In regard to cystomata, it is important that as soon as they are diagnosed they should be removed. It has been claimed that rupture of the cyst is followed in a shorter or longer time by malignant disease not only of the appendages and peritoneum, but also of other organs. It is important in pyosalpinx that the appendages be removed on both sides.

"I have seen a good many cases of pyosalpinx operated upon, and in some cases where the disease was unilateral the unaffected tube has been left. In a recent case operated on by Dr. J. Price this was done, and two months later the second tube became involved; on opening the abdomen, it was found impossible to remove it on account of the adhesions present.

"As a rule we should be aware of removing appendages in which, on examination, we can discover no disease. There are cases, however, which will tempt most of us to operate. Dr. Kelly's case of simple chronic salpingitis, in which he had such happy results, is a case in point. A case operated on by myself was just such a one, and terminated just as happily."

Dr. J. Price said: "In Dr. Kelly's cases it is as yet too early to speak positively with reference to hernia, but his incisions have been short. In the December number of the *Lancet*, Mr. Tait gives a review of this whole subject and of hæmatocele. I wish to argue against the removal of the appendages for defective involution. We have many other methods of treatment which will surely accomplish the same result without resorting to such bold measures. I consider this an unjustifiable procedure.

"At present, the surgeon simply presents numbers and percentages of recoveries as representing the exact measure of his skill in operating and care in the after-treatment. Too great importance has been given to bare statistics. The conditions inherent in the patient which determine the result beyond the control of the surgeon are barely considered, nor faults of omission or commission on his part. Perfect evacuation of pus, the utmost cleanliness, and perfect drainage—I mean a high degree of surgical cleanliness.

"The growing tendency to hold the surgeon strictly responsible for every unfavorable result has stimulated abdominal operators to great care and the most careful study of every detail. Hence the methods of abdominal surgery have become well-nigh perfect."

Dr. Kelly said: "I have had no practical experience in the treatment advocated by Dr. Hewson; if it can be shown to be practicable in such cases as I have detailed this evening, I will try it. My efforts, however, have been directed toward the establishment of a cure, and not palliation. With reference to the case of enlarged painful uterus, with endometritis, of which Dr. Price has spoken, I desire most emphatically to make the following statement, and at once prevent any further misconception upon so serious a subject.

"I hesitated in reporting this case lest I should be misunderstood. I do not wish to recommend a sectional operation for subinvolution or metritis in general. I am weekly treating many such cases without any idea of operative interference. In this particular instance the patient had not only been long under treatment in one of our first hospitals, but I had faithfully tried every means at my disposal for two years—counter-irritation, douches, packing, large wedge-shaped excision of the cervical lips, and an Emmet operation on the perineum, hoping by this support, free depletion, and rest in bed to secure a permanent advantage. She was only slightly benefited, remaining a miserable sufferer until I operated, removing tubes and ovaries. The uterus decreased at once in size, and is now three inches, with a small hard cervix, and reclines in the sacrum rocking-chair fashion. She has no local tenderness whatever. I attained here a perfect result, which I was unable to reach in any other way, and under similar circumstances I should repeat the procedure. If permanent, this will be one of the most gratifying of my cures."

THE CLINICAL SOCIETY OF MARYLAND.

Stated meeting, January 7, 1887.

The President, Randolph Winslow, M. D., in the chair.

Dr. Robert W. Johnson presented notes on three very interesting surgical cases.

Case 1. Excision of Hip-joint (Patient).

The first case which I have the pleasure of presenting to the Society is that of a boy on whom I did the operation of excision of the hip-joint in July last.

Early in that month, Dr. Platt, leaving town, turned him over to me, with the following history: W. M., 5 years of age, the oldest of three children, the others suffering with scrofulous glands, was first taken sick when 17 months old, when he began to limp, had the starting pains at night incident to hip disease, and was treated at that time for rheumatism, and after the proper diagnosis was made later was confined to his bed two years, and extension applied. The case progressed favorably under the treatment until, as is so often the fact in this class of life, improvement engendered carelessness, and the child was allowed by parents to lapse into his former condition.

When first seen by me his body was emaciated, temperature elevated, some hectic was present, the hip and pelvis on left side raised. Sinuses were discharging from the anterior and posterior aspect of thigh, but there was no marked pain except on pressure. A probe introduced in the direction of the joint disclosed unmistakably the presence of dead bone, a flake of which had been previously exfoliated. The boy was sent to the Church Home, and two weeks after admission, during which time he had the full benefit of comfortable surroundings and got acclimated to his new friends and improved diet (no small item in the treatment of children, for nothing is more depressing than homesickness in the repair of children's diseases)—after, as I say, he was satisfied, with the able assistance of Drs. Garvin, Moale, Lockwood, Gorter, Shippen, and Moseley, I, under ether administered satisfactorily by Dr. Murdock's inhaler, cut down on the joint on the left side by the semilunar incision above the great trochanter. I found it impossible to follow Sayre's advice, dangerous in the probable tubercular origin of most coxalgia in children, of detaching a periosteal cup, but was compelled after turning out the head of the bone to saw it off by a chain-saw immediately above the lesser trochanter. I found the acetabulum devoid

of necrosis, though containing granulation tissue, as I was led to suspect when I had introduced my finger through the first incision of the capsule into the joint, and felt the worm-eaten remains of the head and neck. To prevent the accident of closing the acetabulum by the juxtaposition of the cut surface of the femur and the acetabulum, another piece of bone was removed, making the stump transverse and not oblique. The wound was thoroughly washed out with bichloride solution, dusted with iodoform, a drainage-tube through the thigh introduced and closed with adhesion strips, the limb being extended and between sand-bags.

The boy stood the operation quite well, and did not suffer greatly from shock. The next day the splint, as you see it, was applied, and the wound washed out daily with bichloride. The wound, except where the tube came out, united *per primam*, and nothing happened to mar success until a month later, when the youngster, anxious to hurry recovery, pulled the drainage-tube out. I then took off the splint lest the continual confinement should tell on his strength, and turned him loose on crutches, in order that he might retain as much movement as possible in the joint.

He has been improving in health since, has gotten fatter, sleeps well, suffers no pain, and, except the sinuses, is in excellent health. Whether they depend on tuberculous trouble in the bone or not, I cannot say. I have not found any bacilli in the discharge, though I have not inoculated a guinea-pig with any. He wears a high shoe on his well side to give the other the benefit of its own weight in extension, and has more movement than I expected.

I do not propose to operate further at present, as any excision below the lesser trochanter renders the limb so useless that amputation is almost preferable.

He must fight it out on the line of cod-liver oil and iodide of iron at present; and if he improves in the future as he has in the past, I think we shall score a victory.

By the kindness of Dr. Chambers, I can show you a specimen of bone on which a similar operation had been done. Those who wish to weigh the value of this operation by the statistical method will find useful papers by Yale and Van Arsedale in a recent number of the *Annals of Surgery*. It is not my object to go into the pros and cons of the operation to-night, but simply to show you a result, by no means a perfect success, but one on the whole I consider as justifying the excision, in that the boy has now no pain,

greater mobility, increased chance of recovery, and smaller sources for infection, with more likelihood of overcoming his present enemy than if left to the impossible exfoliation of the bone, the attempt at which, in the opinion of those who first saw him with me, was fast hurrying him to an early grave.

DISCUSSION.

Dr. John Chambers thought it would be of interest to show, in connection with Dr. Johnson's case, a portion of the femur from a colored boy. Some time since this case was reported to the Society, and the excised portion of the bone then shown. There was such an amount of suppuration following upon the operation that the boy's vital powers were at last exhausted. Autopsy revealed amyloid degeneration of the liver, kidneys and spleen, and acute miliary tuberculosis in the lungs. At the time of operation the case gave rather an unfavorable outlook.

The second case, reported by Dr. Chambers at that time, is of the same nature; but the patient is doing well, and is in apparently excellent health.

It is the opinion of Dr. Chambers that in these cases the prognosis is more favorable when the disease is confined to the femur, than when it has progressed to the acetabulum. He thinks death resulted in first case from a remnant of tubercular material left in the bone.

Dr. Randolph Winslow said that Schmidt has pointed out that where the disease has invaded the acetabulum, abscess formation can often be felt through the rectum.

Dr. Robert W. Johnson then read

Case 2. Resection of the Gut.

Mr. C., 59 years old, has had a reducible hernia for fourteen months, wore no truss, but on Tuesday, after jumping, was unable to restore it to his abdomen, his physician failed also, and after waiting until Friday night, consulted Dr. Miltenberger, who kindly suggested calling me in. I saw the case Saturday morning, and found the patient showing the influence of opium he had taken, vomiting yellow offensive fecal matter, limbs drawn up, belly tympanitic, pulse and respiration rapid, a cold sweat on forehead—in fact collapsed. Seeking the cause of the trouble, I found a potato-like tumor, irregular and somewhat nodular, over which a dusky lurid skin was tensely stretched, with its long axis transverse to the body, and lying over Poupart's ligament on the right side. The tumor was tender to the touch, and tympanitic, and the diagnosis admitted of no doubt, a strangulated indirect

hernia lying in the inguinal canal, and not so far down as the external ring, which could be felt free by invaginating the scrotum.

Having shaved and washed with all antiseptic precaution but the spray, using the bichlor. hyd. solution, with the assistance of Drs. Gavin and Claude Van Bibber, I cut down on the axis of tumor, using a grooved director after penetrating the skin. No vessels of any moment spouted, and soon the sac, looking like a ripe purple plum, dark effusion, and in some places ashy, showed itself in the wound. Carefully separating adhesions, I nicked the internal ring without effect at reduction. The only place left for constriction was the neck of the sac; when on opening the sac it was found, as well as gut and omentum, both sphacelated, and from cribriform puncta in the intestines the slightest pressure forced out liquid feces. There were no adhesions in the sac, and but little fluid. The only thing to do was to exsect as much of the gut as looked unable to be replaced. Healthy gut at either end of the gangrenous portion was stitched to the side of the wound and to each other, the mesentery intervening was ligated, and all the necrosed tissue excised. A gush of fecal matter showed the improbability of a twist high up. The omentum and sac after ligation with catgut were removed. The stump dusted with iodoform after washing and iodoform gauze dressing applied over drainage-tube, all covered in by a spica, finished the operation.

Hot bottles, injection of brandy, and digitalis did not rally him and he died in a few hours, never recovering from the shock of his lesion.

To show how desperate I considered the case when I first saw it, I stated the facts and the probabilities, and only operated at their solicitation. The priest administered extreme unction before I began, and I operated more to let the family console themselves that all had been done than from any hope I entertained of success.

I believe in operating in strangulated hernia as I would in tracheotomy, for sometimes it resurrects.

I did not attempt a reunion of gut, as I did not care to have the man exposed to a longer operation than was necessary, nor did I care to have him die under my hand.

A suggestion, though homely, occurred to me then. One has great trouble in bringing the ends of the gut in apposition, and we do not always have cones of cocoa butter or gelatine at hand to act as lasts to draw the gut over.

A piece of link sausage out of which the meat has been turned and filled with butter or lard makes a good cone or basis to draw the ends of the gut over prior to uniting them. Just before the last stitch is drawn up a tenotome can cut the sausage sack, and the gradual warmth of the body will melt the butter, allowing it to empty itself into the bowel at the seat of suture, thus filling up any little openings made by the needle. The sausage sac may pass out with the feces.

Water or air will not do to fill the sac with, since a puncture of the needle would let out its contents before one is through with them. One other point before leaving this case, and that is the immense importance of early operation in strangulated hernia.

Were I to gauge the value of time, I would say hours are worth years in inguinal hernia; moments are worth months in femoral.

I believe there are more deaths due to the complacent, let-alone policy engendered by a few recorded cases of recovery when the patient was on the table for operation than can be laid to the door of any surgeon who operates early. Divest your mind of prejudice born in a suppurative age, and instead of being appalled at death-rate due to late interference, fully appreciate the triumphs of other departments of peritoneal surgery, and apply them to herniotomy.

DISCUSSION.

Dr. L. McLane Tiffany thinks the case interesting from two standpoints.

1. The attempt to divide the stricture external to the sac.

2. The formation of an artificial anus.

As to the attempt to divide the stricture external to the sac, this may be good treatment in some very recent cases, but it is questionable in very many others. By this operation the orifice remains patent, and the patient is liable to recurrence of the hernia. In his opinion, the proper treatment in these cases is to open the sac, reduce the hernia, and stitch together the edges of the ring, in short, to attempt radical cure. With our present antiseptic methods there is but little risk in opening the peritoneum. Resection is doubtless successful in some cases, but he thinks many patients die as a result of shock consequent upon the manipulation of the intestines. Where a portion of the gut is sphacelated, he advocates resection of the gangrenous portion, sewing together side by side the cut ends, and leading them to an artificial anus.

Dr. John Chambers thinks handling the

intestines no doubt gives rise to trouble. He thinks it better, however, to cut down upon a gangrenous gut, relieve the constriction, and let the adhesions, already formed, remain undisturbed. Don't believe in attempting to resect the sphacelation portion.

Dr. Robert Johnson cannot agree with Dr. Chambers, that it is proper to simply cut down upon a gangrenous gut and leave this dead tissue in the wound. Thinks this dead tissue should all be removed.

Dr. John Chambers thinks statistics will show that a second anus formed by nature under the circumstances, is accompanied by less mortality than when an artificial anus is made by the surgeon.

Dr. Randolph Winslow said, for temporary relief he thought Dr. Chambers' plan a

(To be continued.)

good one, but for permanent benefit it is better to make an anus as described by Dr. Tiffany, and subsequently repair the broken gut. This is the plan now adopted by the English surgeons.

Dr. J. H. Branham knows of no English surgeons who advocate this plan of operation.

Dr. Winslow cannot recall the names of the surgeons referred to, but thinks if Dr. Branham will look through the journals for the past twelve months, he will find him correct in his statement.

Dr. S. T. Earle said, if Dr. Winslow would permit him he would say that Treeves is among the most prominent advocates of the operation under discussion.

Dr. Robert W. Johnson then read the notes on his third case.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Therapeutic Value of Mountain-Climbing.

Dr. L. Barkan, of Brooklyn, writes as follows (*N. Y. Med. Jour.*):

Although the strengthening and invigorating effect of exercise, and especially of mountain-climbing, is well recognized, yet it would seem not to be superfluous to examine a little more closely this most precious of remedies, which, by the relief it gives from the cares of business, combined with residence in a healthful locality, active respiration of pure air, and drinking of pure water, exerts not only a transitory beneficial effect, but even, in most cases, leads to a permanent cure, and also tends to prevent disease. Among the most active of disinfectant agents belong a good soil and also, in my humble opinion, good air. The more thickly settled a place, the less potent for good are the hygienic influences of the soil and air; and the smaller the settlement, the more active, *ceteris paribus*, are these two factors; they attain their greatest efficacy in elevated regions.

According to Professors Senator and Fluegge, one volume of good sandy soil can render innocuous two hundred and fifty volumes of ordinary sewage; but as regards the disinfecting power of air we are still in the dark. I believe that the oxygen present in pure air is able, probably by means of combustion, to render more or less innocu-

ous the disease germs received into the blood—that is, to act as a disinfectant. Perhaps the therapeutic efficacy of permanganate of potassium lies in the fact that it favors the reception of oxygen by the blood-corpuscles, while the toxic action of strychnine would seem, according to Rossbach, to be due to the fact that it retards this union of the blood-corpuscles with oxygen.

There are floating in the air numberless germs, many of them of a harmful nature, and it would seem possible that the injurious germs which, especially in large places, are received into the human organism, might be rendered innocuous by the oxygen of the air (and, perhaps, also by air-currents acting in a mechanical way), while in stagnant air—as, for example, in a badly ventilated apartment, where the exhalations from the lungs and skin are constantly accumulating—there is less disinfectant action because of the diminished quantity of oxygen. We seek to get rid as quickly as possible of the other excretory products while, strangely enough, the same amount of zeal in disposing of the exhalations—that is, the excretions—of the lungs and skin is comparatively seldom exhibited. And, indeed, thorough and effective ventilation of the living-room is not so readily obtained. As nature purifies the atmosphere partly in an electrochemical way, by means of thunder-storms, and partly in a mechanical way, by means of high winds, so must we, upon occasion, purify the atmosphere of our dwellings by

means of fumigation and the use of disinfectants, but especially by constant ventilation, and sometimes by the production of artificial currents of air. At whatever cost, the air must be thoroughly changed in every corner and crevice of the room. While serving in the Turco-Servian war, I kept the windows in almost every room in my hospital constantly open, even during the night; and I had the satisfaction of observing that, while in other hospitals small-pox and other contagious diseases prevailed, in my hospital they seemed to find no suitable soil for their further development, and, notwithstanding that, from want of room, I was often obliged to put patients suffering from small-pox, typhus, erysipelas, diphtheria, etc., together with other patients in the same ward, these diseases did not spread.

A favorite experiment of mine, and one from which I never saw any but favorable results, was to send patients suffering from grave diseases a distance of six miles to another and more roomy hospital. They were removed even in winter, when the weather was not excessively cold, but were, of course, well wrapped up, and every precaution was observed to prevent them from receiving any injury on the way.

It is well known that not every one exposed to a contagious disease acquires that disease; and may it not be that those escape entirely or suffer from a mild form of the disease who, after exposure, spend a considerable time in the open air? I leave out of consideration the fact that the danger of contagion depends also somewhat upon the position that the visitor occupies when at the sick-bed.

So much as to the value of pure air. It is of especial efficacy in elevated regions, and its good effects are the more evident the higher the climber ascends, and the more muscular effort he puts forth in the ascent. The best inhalation apparatus, baths, and medicaments are of but temporary value if no compensation is made for the loss of vitality and of muscular tone, especially that of the heart and vessels; if the blood stasis in the glands and other organs does not yield to an increased flow of blood in the arteries and veins; if the thinned blood does not become thicker and more rich in albumen; if the accumulating carbonic acid is not expelled by a more plentiful supply of oxygen; if the fat deposited in the body is not more rapidly oxidized; and if the kidneys are not made to act more efficiently. But all these effects are produced, according to Jacobi, Loomis, Voit, Oertel, and other

authorities, more certainly and more generally by mountain-climbing than in any other way whatever. After several weeks spent in mountain excursions, the condition of the patient is radically changed for the better. There is an elasticity in the mental processes in place of the former hebetude; will, thought and impulse seem to move on wings; the formerly dull senses are sharpened; the formerly half-closed eyes sparkle, and the flabby cheeks become fuller and rosy; the formerly prominent abdomen is reduced to more seemly dimensions, notwithstanding that food and drink are taken with greater relish, and the chest is expanded. These changes, it is true, are not without their inconveniences to the patient as regards his apparel, for his unmentionables are found to have become too wide around the waist, while his coat, collar, and shirt are too small. The one who was before so heavy and dull now feels as elastic and springy as if the burden of earthly existence had been lifted from his shoulders, and, almost as in his childhood days, he goes running and springing along, and covers a distance of ten or twelve miles a day. He is no longer in the shape of a discontented and surly creature; a parody on man, but fits better in the ranks of other strong and happy beings; he is possessed of a new spirit, the pulse beats more strongly, and the tone of the entire circulatory system is better.

I will now instance a few cases showing the good results obtained by patients whom I have accompanied in various mountain tours in Europe and other parts of the world.

Case 1. J. B., forty years of age, weight 230 pounds. Circumference of the waist, 120 ctm.; of the chest, 116 ctm. The first walk caused him to gasp for breath, so that he was almost snorting. The tired heart, with its faint pulsations, seemed hardly adequate to the task imposed upon it, and the patient was forced to stop every three minutes. On the second day the breathing was a little more easy; instead of the snorting respirations, the breath came in quick panting jerks, as in pneumonia. He was obliged to rest every five minutes. The secretions were increased in amount, and the torpid condition of the bowels was corrected. The distance covered in the walk was lengthened a little each day. At the end of a month, climbing caused but slight acceleration of the respirations, which were almost inaudible; there was only moderate perspiration, and the patient was able to continue for at least a quarter of an hour without stopping to rest; and he could soon climb

for four hours a day, whereas on the first day he could barely continue for a single hour. The cardiac contractions were now full and strong, and the patient had long since lost the feeling of oppression of the chest and dyspnoea. At the end of the trip his weight was 208 pounds, the circumference of the waist 107 ctm., and of the chest 121 ctm.

Case 2. T. R. had suffered from paralysis of the left facial nerve. In 1879, when he was thirty-four years old, he had had another attack, and, although under the best of medical care, his physician would not promise a perfect cure. The treatment had consisted in the application of a strong galvanic current. At the conclusion of his treatment the patient still had had a feeling of numbness in the affected cheek. After an excursion of three weeks' duration, this numbness had entirely disappeared, and there has been no return since that time. On one occasion the patient objected to taking the walk, on account of a severe and painful attack of diarrhoea; but he finally yielded to my advice and went, and two hours later all the symptoms had disappeared.

Case 3. E. F. S., fifty years old, had suffered for thirteen years from rheumatism. At first I let him ride a part of the way and walk a part on level ground. At the end of two weeks he could climb hills. After doing this for a week and a half his rheumatism had permanently disappeared. The patient indulges in this mode of treatment now every summer.

Case 4. C. W., thirty-nine years of age, was plethoric and hypochondriacal, and suffered from hæmorrhoids. An improvement was noticeable at the end of two weeks; and at the expiration of four weeks the hæmorrhoids had entirely disappeared, and the patient began to enjoy life. His weight at the beginning was 211 pounds, at the end of the trip it was 185 pounds; the measurements around the abdomen and chest were 108 ctm. and 104 ctm. respectively at the commencement of the tour, and 98 and 109 ctm. at its termination.

Case 5. H. L., thirty-two years old, was suffering from chronic catarrh of the stomach. There was a noticeable improvement at the end of one week, and after three weeks the stomach was in good condition, and the patient was obliged to observe but little care in his diet. A bronchial catarrh, which had given him constant trouble, was much improved the first day, and had disappeared by the end of the third day. His weight was at the commencement 145 pounds, and at the termination of the trip 160 pounds.

Case 6. L. S., twenty-five years old, suffered from psoriasis. At the end of twenty-four days this had permanently disappeared.

Case 7. J. B., eighteen years of age, had trouble at both apices, and complained of a poor appetite. At the end of five weeks the patient had gained nine pounds in weight and felt very well.

Case 8. Miss A. O., nineteen years old, had chlorosis, amenorrhoea, and suffered from a miserable appetite. After seven days there was a marked improvement, and at the end of two weeks the patient presented the appearance of a healthy girl with an excellent appetite.

Case 9. Mrs. L. P., forty-eight years old, was weak, hysterical, and had not menstruated for two years. At the expiration of eight weeks she was much stronger, had no more hysterical attacks, and menstruation had commenced again.

In organizing parties for mountain-climbing, it is necessary to have everything arranged and to attend to certain preliminary details. Regulations should be established as to the gradual increase in the extent of the daily ascents, the periods for rest, the choice of food, the permission to drink, the regulation of time for stool, the protection of the feet, legs, and nates against chafing and the formation of blisters, the protection of the neck, and finally the selection of the mountain up which the ascent is to be made; these are all points which require careful consideration. The European mountains, where there is a better climate, and, as rule, better paths than are to be found in the mountains of America, are to be preferred. An exception is, however, to be made in favor of the Adirondacks and some other mountains in the Eastern States, which might answer as places for exercise for American youths in search of health. It is necessary to take into consideration the individuality of the patient; and, in order to avoid monotony, which may be wearisome to the patient, it will be advisable to change from one mountain or one locality to another, so that the patient will not be tempted to discontinue the treatment.

The Diagnosis of Uremia from Apoplexy.

Dr. C. W. Suckling thus writes in the *Brit. Med. Jour.*:

Chauternes and Tenneson, in the *Revue de Médecine*, November, 1885, relate cases of partial epilepsy and hemiplegia in Bright's disease, which they have, by post-mortem examination, proved to be due to local cedemas of the brain.

I believe that it is not generally known that hemiplegia occurs in uræmia, thus occasionally making the diagnosis between uræmia and apoplexy an extremely difficult one—as in uræmia the treatment must be one of active interference, while in apoplexy the opposite holds good, the diagnosis is of the utmost importance.

I have recently met with two cases similar to those reported by Chauternes and Tenneson. A man aged 40 was recently admitted into the workhouse infirmary in a comatose condition, with right hemiplegia and without convulsions. The pulse was of high tension, the heart considerably hypertrophied, and there was a trace of albumen in the urine.

All these symptoms were compatible with the diagnosis of cerebral hemorrhage. To my astonishment, he recovered consciousness immediately after being bled, the hemiplegia passing off in a few hours.

During his stay in the infirmary, he had five other attacks, which were always preceded by delirium and restlessness, together with violent convulsion of the right side of the face, right arm and leg, and conjugate deviation of the eyes to the right, giving place to hemiplegia, the eyes then being turned to the left. Each attack was cured by a small bleeding. The urine in this case was free for days from albumen, though it was tested at various periods of the day.

The other case was that of a woman, aged 63, brought in one evening completely comatose. There was right hemiplegia, conjugate deviation of the eyes to the left, dilatation of the right pupil, and abolition of the right conjunctival reflex.

The breathing was of the "Cheyne-Stokes" type, the heart a little enlarged, but the pulse of low tension. Clonic spasm of the facial muscles occurring at short intervals, the case was suspected to be uræmic, though the urine apparently was not albuminous, and I ordered her to be bled. One ounce and a quarter were drawn, and she became conscious almost immediately after.

The next day the hemiplegia had disappeared, but she had sensory aphasia, there being "word-blindness" and "word-deafness." Free purgation was kept up, and within two days she was perfectly well.

On testing the urine by daylight, I found there was a slight trace of albumen present, the quantity of urea being only one per cent., and the average daily quantity of of urine passed being forty ounces. I could discover no casts, and there was no change in the fundus oculi.

In both the above cases the temperature was a little below normal; and in both no history of the onset of the attack could be obtained, the patients being brought in from the street by the police. In the diagnosis of these cases, the occurrence of convulsions is of great assistance. A convulsion occasionally occurs at the onset of apoplexy, but is rarely repeated, while in uræmia convulsions are common, and usually frequently repeated; any elevation of temperature would be strongly in favor of apoplexy. In all cases, when in doubt between apoplexy and uræmia, I should bleed.

Eruptive Eccentricities.

Dr. J. G. Marshall thus writes in the *Lancet*:

Mrs. Q., aged forty-eight, married, living alone, had been a sufferer from chronic rheumatism for several years. She had an attack of facial erysipelas some time back, but could not fix the date. She was subject to occasional severe attacks of neuralgia, for which I could find no visible cause. About two months ago she presented the symptoms of erythema nodosum, and went through the illness in a severe and typical form, the patches being very large and painful, leaving the shins, back of forearms, and inside of thighs covered with livid marks, as if she had undergone a beating. At the end of a fortnight this eruption seemed to have run its course; but the patient still seemed very unwell, and complained of stiffness about the neck and jaws, with continual pain in the head. She maintained that she had been suffering from erysipelas, though she acknowledged that she had not been like it before. Two days after the last crop of erythematous lumps had disappeared, she was seized with erysipelas of the head and face, and had it very severely, with high fever and extensive swelling of the face and neck.

She was for two or three days in a very critical condition, the features being almost obliterated, and the infiltration of the tissues of the neck deep and extensive. One morning when she was getting better she complained of intense itching of the back of the forearms and hands, which on examination presented the unmistakable white "wheals" of urticaria. There was little or no redness of the skin; the eruption was confined to the extensor surface, did not reach above the elbow, and died away in forty-eight hours. There had not been a trace of erysipelatous rash on the body during the attack of that

disorder. A short time ago I congratulated her on getting on so well, when she said that she had another attack of erysipelas at the bend of the elbow. On examination of each elbow-joint, on the flexor side, and nowhere else, I found a patch of typical eczema, the vesicles being perfectly unmistakable, with watery exudation and shiny redness. She had been scratching with her nails, which she had not done before. Fresh patches of eruption appeared at the wrist. Both yielded readily to treatment, and now nothing is left but a little branny desquamation.

The case is such a remarkable one that I think it deserves publication. I have not the smallest doubt as to the several characters of the eruptions, which I observed most carefully. Unfortunately, I am at a disadvantage in being at a distance from any of my own profession, or I should have exhibited the case. I am quite prepared to see this lady shortly with a fine development of herpes zoster, or exhibiting patches of psoriasis to complete the series. She is of a highly nervous temperament, and occasionally subject to fits of great excitability.

Peculiar Effect of Cocaine.

Dr. J. W. Stickler, of Orange, N. J., reports the following to the *Med. Record*:

"On January 21, 1887, a patient came to me presenting a small cyst in connection with the extensor tendon of the middle finger of the left hand.

"After introducing into the cyst about five drops of a twenty per cent. solution of cocaine, I opened the sac and evacuated its semi-fluid contents. In less than half an hour the finger began to swell, and in less than two hours the swelling was extreme. Very soon systemic disturbance became manifest in the following symptoms: dizziness, headache, pallor of skin, nausea, and diarrhoea. During the first night the patient slept but little.

January 23. Finger swollen, tender to touch, somewhat painful, red and hot, but not cedematous. Same constitutional condition as previous day.

"January 24. Finger has same appearance as on the 23d; no cedema; the hand somewhat swollen and slightly cedematous. Diarrhoea has ceased. Nausea slight when patient sits up or walks. Still complains of dizziness.

"January 25. No change in the appearance of the finger, but the hand is more swollen. No evidence of suppuration. Patient able to sit up without suffering from either nausea or dizziness.

"January 26. The swelling of the finger is somewhat diminished, although it is still tender, and somewhat painful. The general disturbance has disappeared, but the appetite is greatly impaired. After the last date the swelling subsided quite rapidly, so that by the last of the month the use of the joint was regained.

"As has been said by others who have written concerning the effect of cocaine, congestion is of frequent occurrence, but I have witnessed only this one instance of alarming congestion following the hypodermatic use of the drug. I call the condition 'congestion,' because the enlargement of the finger reached its utmost limit in about two hours after the use of the cocaine, and the finger had about the same appearance as would have been produced by constriction of the part with an elastic band.

"The systemic disturbance was also more pronounced than is usual. I am therefore led to believe that the hypodermatic use of strong solutions of cocaine is attended with considerable risk, unless it is known prior to its employment just how susceptible the patient may be to its influence."

Hyoscine in Kidney Disease.

After relating a case in *The Practitioner*, Dr. Nestor Girard thus concludes his observations on this case:

Hydriodate of hyoscine is a drug which can be used with perfect safety in cases of kidney disease where morphine is inadmissible. It is a drug which may give rest when other sedatives fail.

If used in two-minim doses subcutaneously it may give more satisfaction to the patient than to the attendants, since the unconsciousness may be accompanied by angry and combative delirium; should this occur it will probably be sufficient to diminish the amount employed.

It is very rapid in its action, unconsciousness following in from ten to twenty minutes, and the after-effects are of a soothing character.

Even when delirium is present in a violent form, it is followed by quiet sleep, and the patient being unconscious, is much more refreshed than by a night of short snatches of sleep produced by chloral or bromide, and the result is a marked improvement in both aspect and temper. And lastly, no irritation is produced around the site of injection.

I believe that hydriodate of hyoscine will probably take a firmly established position as a sedative in cases where morphine cannot be employed.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. J. W. McLaughlin, of Austin, Texas, read an article before the American Medical Association, containing his researches on the etiology of Dengue. In the reprint of it before us he gives his reason for believing that this disease is the product of a low organism, and will in time—before another ten years—"be as certainly prevented by inoculation as small-pox now is."

—In a reprinted article on the treatment of vaginismus, Dr. Thomas More Madden finds occasion to differ with Sims' statement that it is an easily curable disease. Mechanical dilatation and stretching the pudic nerve succeed sometimes, but not always. Each case has to be treated on its own merits.

—"Two Obstetrical Heresies" is the title of a reprint by Dr. S. F. Starley, of Tyler, Texas. The author states his opposition to the following two obstetrical canons: "The first is the part that the membranes containing the amniotic fluid and the foetus play in effecting dilatation of the os uteri in the first stage of labor. The second is the supposed necessity for waiting for their rupture and the escape of the waters before applying the forceps, in every case, without exception."

—The subject of periostitis is discussed in a lecture by Dr. N. Senn, of Milwaukee, Wis., recently reprinted.

—Messrs. Baker & Co., of Dorchester, Mass., manufacturers of chocolate, have issued a neat little volume, entitled "Cocoa and Chocolate, a Short History of their Production and Use, with the Various Methods of Preparing them for Use." It may be had on application to them.

BOOK NOTICES.

Granular Lids and Contagious Ophthalmia. By W. F. Mittendorf, M. D. Pp. 110.

On the Determination of the Necessity for Wearing Glasses. By D. B. St. John Roosa, M. D. Pp. 75. Geo. S. Davis, Detroit, Mich.

Both these volumes are members of the series entitled "The Physician's Leisure Library," published by G. S. Davis. They are

offered at the very moderate price of 25 cents each, and are more than worth the money. The subjects are every-day ones, and are treated by the competent authors in a straight-forward, practical manner, very satisfactory to the reader. A half dollar cannot be better invested than in purchasing them.

Tenth Annual Report of the Board of Health of the State of New Jersey for 1886. 8vo., pp. 464. Trenton, 1887.

The Biennial Report of the Board of Health of West Virginia, for 1885, 1886. Pp. 75. Charleston, 1887.

It is gratifying to witness the steady progress which is making toward a completer sanitary supervision of life. The work of State Boards of Health, as illustrated in the publications above mentioned, is such that it cannot fail to be appreciated by the public before many years. It touches so closely on all the dearest interests of social existence, that the time must soon come when it will be awarded commensurate aid.

The reports of the Boards indicate how extensive is the field of public sanitation, and also how earnest are many of the workers in it.

Hand-Book of Materia Medica, Pharmacy and Therapeutics. By Samuel O. L. Potter, M. D., etc. Cloth 8vo., pp. 828. Price, \$3.00. Philadelphia: P. Blakiston, Son & Co. 1887.

The firm of Messrs. Blakiston & Co. are issuing a series of manuals of medical science, at the price of \$3.00 each, cloth, of which the above is one of the volumes. The author is Professor of Practice in the Cooper Medical College, San Francisco, and has already appeared before the profession in some smaller works. He includes in his survey not merely materia medica, but also the physiological action of drugs, the special therapeutics of disease, official and extemporaneous pharmacy, and minute directions for prescription writing. His aim is to make the young practitioner and the country doctor independent of the drug store, if either wishes to be.

The book cannot be called an original production. It is made up from the current leading treatises on materia medica and practice, and from the author's lecture notes; the selection and arrangement, however, are judicious, and though it were easy to criticize the plan, its execution must be admitted to be excellent. There is an appendix with numerous tables, and a carefully prepared index.

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OPHTHALMOLOGY AND DISEASES OF THE NERVOUS SYSTEM.

The Bowman lecture of J. Hughlings Jackson bearing the above title has just appeared in the *Transactions of the Ophthalmological Society of the United Kingdom*, 1885-86. It is characteristically brilliant and suggestive, more especially to one who has not perused the more exhaustive statement of the author's psychological and neurological philosophy set forth in the famous Croonian lectures of 1884, (published in *Brit. Med. Jour.* of that year). In this year's address the general position taken in the Croonian lectures on the Evolution and Dissolution of the Nervous System is reaffirmed. The "organ of mind" is considered to be "simply a series of sensorimotor centers re-representing impressions and movements of all, literally, all parts of the body." The frontal lobes of the brain, preponderatingly motor in character, are the agent of this third stage of abstraction or representation; the middle convolutions, Ferrier's motor region, intermediate the re-representative stage; whilst the simple representative phase is given by the nuclei of the cranial nerves and anterior horns of the cord. The whole conception of cerebral function and disease is confessedly based upon the evolution philosophy, set forth particularly in Herbert Spencer's psychology, and derives therefrom a striking reach and substantiality of reasonableness. The relations of ophthalmology and neurology are somewhat discursively touched upon, and one feels that it is the neurologist *par excellence* that speaks, and is paying that half-forced attention to ocular symptoms that his audience and his duty of the hour demands. Despite this, it goes without saying that the allusions are luminous and to the last degree suggestive. First of all, the specialist is justified as a factor in the universal trend of the law of evolution, which, while persistently bringing about differentiation, as absolutely necessitates increased definiteness, increased integration, and increased coöperation. "The neurologist ought at least to be able to suspect hypermetropia as a cause of head-troubles, but only the skilled ophthalmic surgeon can estimate it precisely and correct it accurately." Epilepsy is the illustration used throughout the lecture to exemplify the author's psychology. This affection is held to be of the nature of an excessive discharge in the highest centre, what he has elsewhere called "a physiological fulminate." From these complex centres the discharge proceeds towards the periphery according to

the extent and power of the initial force and the anatomy of neural distribution. Like all other movements, the eye-symptoms, such as the apparent alteration in the size or distance of external objects, colors, ocular movements, etc., are the indirect reflex results arising during epileptic discharges of sensory elements. The coma or "paralysis" consequent upon epilepsy arises from the exhaustion of the lower centres; hence, *inter alia*, the diminutive size of the pupils in this state. The lecturer speaks of the visual centre according to Ferrier, as located in a space supplied by the middle cerebral artery. In Ferrier's last edition, however, Ferrier admits that this centre is "also" in the occipital lobes as well as in the angular gyri. That it is pretty certainly delimited to the cunei of the occipital lobes is quite beyond doubt at present. As to optic neuritis and its value as indicating brain tumor, the author is quite decided in the body of the lecture, that operation is only to be advised when optic neuritis is present; but in a post-scriptum note he recants, and gives an instance of successful operation when no neuritis or headache were present. The epileptiform seizures in this case began in the patient's left thumb, and to the uninitiated it seems almost ludicrous to hear the lecturer gravely assert that he advised the excision of "a part of the thumb centre," and testify to the patient's complete recovery. From a case where optic neuritis had disappeared under treatment the dictum is adduced and italicized that "*a man with optic neuritis is to be considered as being in imminent danger of death.*"

That the neurologist and ophthalmic surgeon have a common ground is strikingly exemplified in the following excerpt: "It is well known that with destructive lesions of the brachial plexus we have smallness of the pupil on the side of the injury. Ferrier finds that in the monkey, and presumably it is so in the man, the dilator fibres of the iris, contained in the cervical sympathetic are derived from the anterior root of the second dorsal nerve. In the monkey the second dorsal sends a communicating branch to the brachial plexus, and so it does in most cases in man. Now the second dorsal root supplies also the intrinsic muscles of the hand. In one case I have observed a small pupil (inability to dilate when shaded) in a case of progressive muscular atrophy at a stage when the hand muscles were almost solely those atrophic."

From the deductions of Ferrier and Yeo that movements of the eyes and head are

represented in the frontal lobes, the lecturer adds another proof to the many that seem to meet one everywhere, of the superlatively important rôle of the eye in the development of the intellect. "Ocular movements are the most representative of all movements. Most mentation is carried on in visual perceptions and ideas; and as there is an element of, or symbolizing, shape in all visual perceptions and ideas, there is of necessity a representation of ocular movements in the physical bases of these perceptions and ideas, that is, in the highest centre." G. M. G.

POISONING BY BELLADONNA.

A peculiar and very instructive case of poisoning is reported by Dr. Hermanidez (*Weekblad van het Nederl. Fijdsch. voor Gen.*, 1886, p. 484). In a peasant family consisting of eight persons, shortly after a meal, consisting of codfish, potatoes, and a sauce made of butter, peculiar phenomena of illness developed, which at once indicated intoxication by atropia. As a great number of chickens owned by the peasant had died a week previous under analogous symptoms, and as it was well known that the family had had a bitter dispute and fight with some neighbors, the public prosecutor ordered an examination of the dead chickens, though all the members of the family were sure of not having eaten of the flesh of the chickens. The animal, which was handed to Dr. H. for examination, had been lying in a swamp for over a week. H. found an alkaloid in the flesh, but it was one formed by the process of decomposition—a ptomaine. Besides, he convinced himself by experiments, that chickens can take as much as 150 mgrms. of atropia, and that the animals referred to would have had to have eaten large quantities of the drug to have caused their death. The most careful examination revealed no trace of atropia in the chicken given to H. for analysis, and the family could not have died of the flesh of these birds. Finally, a piece of the codfish was found, and in it considerable quantity of the alkaloid. Further investigations demonstrated the fact, that while the peasant's wife, who is nearly completely deaf, was alone in the house, a neighbor entered, unseen, the kitchen, and emptied an ounce vial containing a two-grain atropia solution, which had been prescribed by his physician for some eye disease, over the codfish—his intention being revenge for some imaginary wrong. Happily a large part of the fluid had been previously used and spilled, otherwise the result would have been a fatal one.

The discovery concerning the criminal was brought about in this way. In Europe it is very difficult for anybody to obtain poison without the prescription of a physician. As soon as the court had been informed of the presence of the deadly alkaloid in the piece of codfish accidentally left over and preserved, they started an inquiry amongst all the physicians and apothecaries in the neighborhood, to find out, whether any of them had written such a prescription or put up the same. No information was thus obtained, but one of the physicians remembered, that half a year previous, the revengeful neighbor had suffered from eye-disease and consulted him, and that he advised him to go to the city to be treated by a specialist. When the latter was asked, he admitted having prescribed the atropia-solution, which was put up by an apothecary in the city. On being confronted with the circumstantial evidence, the man admitted his having done the deed, but denied having aimed at the death of the parties.

NOTES AND COMMENTS.

Syphilis During Pregnancy.

A series of very remarkable clinical observations on syphilis in pregnancy have recently been made by M. Hirigoyen, at the Maternity Hospital in Bordeaux, from which he concludes that, from an obstetric point of view, both abortion and natural labor take place in syphilitic patients exactly as in healthy women. In certain exceptional cases, however, difficulties attributable to syphilis may arise, such as hemorrhage from partial adherence of the placenta, rigidity of the os, etc. Finally, women suffering from primary or secondary syphilitic lesions in the genital organs are rather predisposed to puerperal accidents, and require more attention on the part of the attendant than other women. The following is a summary of the observations, which extended over a period of two years:

1. In the lying-in wards, in Bordeaux, the proportion of syphilitic to other patients was 5 per cent.
2. Five-sixths of them were unmarried.
3. Syphilis in a pregnant woman tends to bring about premature labor.
4. The duration of the disease seemed to have a very decided influence.
5. In eight cases of pregnancy in syphilitic women who had had the disease for one or more years, only two children were born alive, and these were very puny.

6. In twelve cases, in which the mother had contracted the disease during the first four months of pregnancy, the foetus was in every case still-born.

7. When the mothers had become affected between the fourth and the sixth months of pregnancy, the foetus died in about half the cases.

8. When syphilis had been contracted during the three last months of gestation, the proportion of living children was a little more than one-half—four out of seven.

9. Out of thirty-three cases of pregnancy in syphilitic women, living children were born in eight.

10. Syphilis may give rise to difficulties during labor, and also to subsequent complications; but this is rare.

11. To be effectual, anti-syphilitic treatment should be administered from the very beginning of pregnancy, and continued throughout. The treatment should be perseveringly carried out, in order to prevent accidents in future pregnancies.

Total Extirpation of the Uterus and Nephrectomy.

Dr. Schmidt, of Cologne, relates in the *Münchener Medizinische Wochenschrift*, No. 33, 1886, a case in which these formidable operations were successfully performed at one sitting. The patient was 49 years old, and had given birth to four children, all still-born, and the menopause had occurred two years previously. For a year she had suffered from severe, irregular uterine hemorrhage. Carcinoma of the cervix, involving the vault of the vagina, was detected. The uterus was removed, but the operation was rendered very difficult by abundant cord-like adhesions between the fundus and the pelvic walls. The peritoneal cavity had to be very widely opened. On careful examination of the extirpated uterus, it was found that an inch of the right ureter had been cut away with that organ. The vagina was plugged with iodoform gauze, and the right kidney was removed through a lumbar incision. The patient made a good recovery. Dr. Schmidt states that the total extirpation of the uterus is quite inadmissible, when it appears at all probable that a ureter is likely to be injured, not that the necessary nephrectomy would greatly increase the risk, but rather because the extirpation of the uterus would be of little service in such a case, as the cancerous infiltration would be extensive, and rapid recurrence would be certain. Yet, when the ureter has been in-

jured he thinks that nephrectomy is preferable to sewing of the proximal end of the ureter to the vaginal walls, as this leads to inflammation and sloughing, and renders nephrectomy necessary later on. In Dr. Schmidt's case it must be noted that the disease had distinctly involved the cellular tissue to the right of the cervix.

The Existence of Pepsine and Trypsine in Urine.

Dr. Vasilevski, at Professor Chudnovski's suggestion, recently undertook some observations on the urine of twenty patients suffering from various diseases, in order to confirm the statements made by a number of authors—Brücke, Grützner, Sahli, Leo, Mya, Belfanti, and others—as to the constant existence of pepsine and trypsin as urinary constituents. He found that in both healthy and diseased states pepsine in greater or less quantity was constantly present. The smallest quantity was found in patients who were badly nourished, the state of nutrition of the body having apparently more influence upon the amount of pepsine in the urine than the nature of the disease. The least quantity of pepsine was found in the urine of a patient with pulmonary phthisis four days before death, and in that of another who suffered from carcinoma of the pylorus. In this case the pepsine was greater in amount when the pylorus was pervious, and less when it was impassable, and the patient vomited matter in a high state of fermentation. A high body temperature appeared to lessen the pepsine. In three cases in which the urine contained albumen, the quantity of pepsine co-existing with it appeared to be much the same as might have been expected from the state of the patient's nutrition if there had been no albuminuria. In regard to trypsin, Dr. Vasilevski was unable to obtain definite results.

The Cold Affusion in Headache.

Sir Robert Christison, in his "Autobiography" (says the *Lancet*), bears emphatic witness to the efficacy of this treatment, citing in particular the case of his own mother, who suffered from headache of a peculiarly persistent character, and who cured herself effectually by the cold douche. It was the favorite remedy of the Romans, as may be inferred from more than one passage in the judicious compilation of Celsus: "Capiti nihil aequo prodest atque aqua frigida" (Nothing is so beneficial to the head as cold water), Lib. i., c. 4. Again (Lib. i., c. 5),

when touching on the various inflammatory affections of the head and its cavities, he says: "Usus aquæ frigidae prodest iis etiam quos assidue lippitudines gravedo, destillationes, tonsillaeque male habent" (The cold affusion is of benefit to those also who suffer from chronic ophthalmia, from cold in the head, from catarrh, and from inflamed tonsils). Again, the lassitude and headache induced by the sirocco (*auster*), to which the British resident on the Mediterranean is so subject, and which no amount of acclimatization seems to lessen, has its appropriate remedy in cold water: "Præcipue omnibus eo auxillis utendum est ubi gravius caelum austri reddiderunt" (This remedy is of especial advantage to all when the atmosphere has become heavy by the sirocco), Lib. i., c. 5.

Caffeine in Heart Disease.

The *British and Colonial Druggist* says that a series of investigations into the therapeutics of caffeine citrate have been undertaken by Dr. Otto Seifert (Wurzburg) during the course of last year. He administered it to patients suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalized oedema. According to Lepine, the daily dose of caffeine should be from one to two grammes. The drug was given in seven cases, sometimes in repeated doses, at others all in one dose. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic. One to two grammes of caffeine should be given in twenty-four hours; it has no cumulative action; indeed, the speedy elimination of it, and consequently very temporary action constitutes one of its principal drawbacks. In those cases where compensation has been re-established, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; disappearance of the palpitations and dyspnoea being, as a rule, rapidly effected.

An Intermittent Form of Meningitis.

Dr. Henoch has described a moderate form of simple, non-tubercular meningitis, characterized by a protracted course and by alternations of exacerbation and improvement (*Centralbl. f. klin. Med.*, February 5th). The onset is sudden, the fever being more or less intense, with frontal headache, sometimes vomiting, and always marked rigidity of the

muscles at the back of the neck, which may sometimes affect the muscles of one or other side. The fever abates, and improvement occurs after one and a-half to two weeks, to be followed by a renewed exacerbation after an interval varying from twenty-four hours to several days, without any apparent cause. These variations may be repeated frequently in the course of the next few weeks, cure resulting in from seven to ten weeks. Cases in which the remissions are not marked usually end fatally, especially when they occur during the first year of life. Treatment appears to have little or no effect on the disease, and its etiology is frequently obscure, although sometimes it seems to depend on some infectious cause. Flexion of the knee-joint, with the thigh at right angles to the trunk, as described by König, is not always present.

Poisoning from a Vaginal Injection of Sublimite.

The *Therapeutic Gazette* publishes the following instructive case, which originally appeared in the *Centralblatt für Gynäkologie*, by Fleischmann, of Prague. A perfectly healthy primipara, aged seventeen, exhibited no symptoms of kidney disease, or of any other complication of pregnancy. To disinfect the vagina before labor, two douches of 1 to 2,000 solution of sublimate were given, one before and one after examination by a midwife. It was noticed that a small amount of bloody mucus was expelled from the vagina after the douches. In a few hours abdominal pain, diarrhoea and a rise of temperature occurred, all the symptoms and lesions of mercurial poisoning developed, nephritis, salivation, and continued diarrhoea, and, after giving birth to a living child, the patient died in coma on the ninth day after the douches were given. The pathological anatomical diagnosis made at the autopsy was "corrosive sublimate intoxication, acute nephritis, dysentery, stomatitis, and pharyngitis in the stage of ulceration, parenchymatous degeneration of heart and liver, lobar and lobular pneumonia bilateral, acute cystitis."

Carbolic Acid in the Treatment of Vomiting, and Painful Dyspepsia.

The *Boston M. and S. Jour.* says that the well-known anæsthetic and analgesic effects of carbolic acid were first utilized in the treatment of vomiting by Dr. Edward Garraway, of England. He found doses of carbolic acid in some suitable vehicle to allay

as by magic hysterical vomiting and the vomiting of pregnancy. Drs. Dixon and Beran afterwards employed the same remedy in the same dose for the relief of some forms of painful dyspepsia; the latter associated with it a certain proportion of the *acetum opti* (English black drops).

Recently Pacholier has essayed the combination recommended by Dr. Beran, in obstinate cases of chlorotic vomiting in the vomiting of pregnancy, in gastralgia from dilatation of the stomach, and from anæmic, nervous causes; and he reports remarkable success from this palliative treatment of these affections. His formula is as follows:

℞. Pure deliquescent carbolic acid, 1 part.
English black drops, 3 parts.

Mix. Dose.—Four drops in a little sweetened water three times a day, a few minutes after meals.

The Use of Iodol in Belgium.

Dr. Edouard de Smeth, in a clinical lecture on iodol given at the Hospital of St. Pierre, Brussels, details several cases of syphilis and soft chancres in which iodol proved very useful. In one of these, iodoform had first been used, but had to be abandoned because of the objection made to its smell by the landlord of the hotel in which the patient was staying. The lecturer also mentioned a case of very obstinate varicose ulcers which had been treated with great success by one of his colleagues by an ointment composed of five grammes of iodol in thirty grammes of lard. He says that iodol is prescribed in Belgium by Dr. Coppez in various ophthalmic cases, by Dr. Houzé in tubercular ulceration of the throat, and by Dr. Lebrun in the form of ethereal injections in endometritis, also by others in various affections under the forms of iodo-collodion, iodol-bougies, etc. In addition to the experiences of Belgian surgeons, those of foreign observers were mentioned, especially those of Marcus of Pyrmont, showing by injections of iodol and iodoform in animals that iodol is far less poisonous than iodoform.

Haschisch Purum and Cannabinon.

This is a preparation of cannabis indica prepared by treating the alcoholic extract of Indian hemp with caustic alkali, by which all acid ingredients are solved (*Pharmaceutical Journal*). The brown soft resinoid residue is "pure haschisch," and is composed of the soft resin cannabinon and the alkaloid tetanine. It is insoluble in water, but forms golden-yellow solutions in alcohol, ether, and

chloroform. A third of a grain is said to act as a cerebral stimulant, and a larger dose causes all the symptoms, including sleep, of Indian hemp. The drug should be in a fine state of division, and may be given in pastile form, with powdered cacao or roasted coffee as a vehicle. Tannic acid dissolves out the alkaloid on which the stimulant action depends, whilst the remaining cannabion has the narcotic property. Cannabion is triturated with sugar of milk in the strength of 10 per cent. Made up with cocoa or coffee in pastile form, it may be given as a hypnotic, in doses of one half to one grain and a half, especially for hysterical or insane patients, but it is contraindicated when heart-disease exists.

Catharsis Produced by Hypodermic Medication.

The *Weekly Medical Review* says: "Drs. Dudley and Castle, in a recent communication, express their belief that one or more agents have been found which will produce free catharsis when administered hypodermically. One of these is cathartic acid, an amorphous substance nearly insoluble in water. Experiments were made with it on animals, and some of the results obtained led them to think that when a better knowledge of its solubility and dosage is acquired it will answer the purpose of a catharsis-producing agent when administered under the skin. As there are frequently cases in which a loss of time is sustained by the administration of cathartics by the mouth, and rectal injections fail to answer the purpose, the existence of some method as the above will be recognized as playing an important part in therapeutics."

A Practical Surgical Hint.

Dr. John F. Lockwood, of Batavia, Ill., writes to the *Med. Record* that a young man came into his office, having severed the radial artery in the wrist. His brother, who accompanied him, controlled the hemorrhage from the proximal end by means of pressure while the writer occupied himself with the distal end, and endeavored to seize the bleeding points. He was unable to find these readily, because of the constant oozing of blood which obscured the field of operation, and sponging was of little avail. It then occurred to him to blow away the blood, which he did, and found that by this means he could keep the wound so free that the ends of the arteries were readily found and tied. He says that with a little care there

need be no spattering of blood, but that a well-directed stream of air simply clears it all away from the wound.

Aniline in Phthisis.

Dr. Kremjanskij, formerly Professor of Medicine in Charkow, has recently propounded a scheme for destroying the bacilli of phthisis in the living body by saturating the blood with aniline, which, he says, is poisonous, even in very dilute solutions, to the bacilli, but has never been known to kill a human being. Caution must, however, be used, and the inhalation of fresh air, turpentine, anise, and eucalyptus oils, ought also to be used. He suggests that the drug may be introduced into the system by inhalation of atomized aniline several times a day. The matter was discussed at the recent congress of Russian medical practitioners, and, though it of course evoked a considerable amount of unfavorable criticism, a commission was appointed to watch the carrying out of the plan by Prof. Kremjanskij, in one of the Moscow clinics.

An Explosive Mixture.

Signor A. Cavazzi, according to the *Gazzetta Chimica*, has well nigh destroyed his pharmaceutical laboratory, and, indeed, narrowly escaped with his life, by heating together some hypophosphite of sodium and nitrate of sodium. The result might have been foreseen. Equal parts of these salts heated in a crucible explode with the utmost violence. We understand, says this magazine, that this chemist intended to test the purity of a supply of hypophosphite recently imported for pharmaceutical purposes, and with the view of oxidizing the compound in order to estimate the hypophosphorous acid as phosphoric acid, he heated it with nitrate of sodium, with the above-mentioned terrible result.

Vaseline for Hypodermic Medication.

This method of hypodermic medication is extending, especially in France, where it is advocated by M. Meunier, of Lyons, as a vehicle for the introduction of active principles into the system. It is contended that vaseline is absolutely harmless to the tissues, and may be employed in large doses without causing accidents. But the vaseline must be perfectly pure. Pure vaseline treated with warm sulphuric acid does not blacken, but any impure specimen would. Eucalyptol has been thus employed in phthisis, and

turpentine in sciatica. Iodoform, phenol, iodine, and camphor may be injected in the strength of 1 per cent., and thymol in $\frac{1}{4}$ per cent., or menthol 10 per cent.

Iodoform in Heart Disease.

M. Testa has employed iodoform in cases of organic lesion of the valves. The administration of small doses of iodoform (seven centigrammes—about a grain—in four pills, one to be taken every two hours) rapidly dissipated the functional derangements dependent on the valvular disease. The experimental results obtained in dogs completely concur with those furnished by clinical experimentation in demonstrating that in dogs iodoform retards the cardiac contractions, and this delay increases the total duration of each cardiac cycle, and also the efficiency of the systole.

Rhus Aromatica for Nocturnal Enuresis.

A fluid extract has been sent into the market by Parke, Davis & Co. It is prepared from the cortex of the root of the *rhus aromatica*, sweet sumac. It acts on the plain muscular tissue of the bladder, uterus, and rectum, and may be employed to check hemorrhages in these situations. Atonic dyspepsia is said to have been relieved by it. Dr. Unna, after a trial of three years, believes the extract to be very efficacious in the nocturnal enuresis in children. Five drops may be given morning and evening to a boy two years old, and ten-drop doses to children of six.

Salicylate of Soda in Gonorrhœa.

Dr. Avsittidiski recommends salicylate of soda in gonorrhœa; the quantity he gives is thirty grains a day dissolved in linseed-tea. The way in which this acts is by being eliminated by the urine, and thus washing out the urethra with an antiseptic solution. Dr. Avsittidiski tried the effect of a 2 per cent. salicylate of soda solution as an injection, and found that it acted similarly to a solution of boracic acid of the same strength, rapidly changing the puriform secretion to one of a mucous character.

Excision of Chancres.

Dr. Andronico claims to have entirely eradicated the syphilitic virus in four cases by excising the primary chancre. He believes that if the sore is situated in a locality such as the nymphæ or the prepuce, where

excision is possible, and if the operation is performed within forty-eight hours, or at the very latest three days, from the first appearance of the chancre, success may be hoped for. The excision is, he says, contra-indicated if a longer time than this has elapsed, or if the glands are enlarged.

Bicarbonate of Soda in Tonsillitis.

The treatment of tonsillitis by frequent local applications of carbonate of soda, which has been practiced and recommended by Dr. D. Juan Giné, has been put to a series of tests by another Spanish physician, Dr. D. Rovira y Olive, who deduces from them the opinion that, though it is often beneficial in cases where the parenchyma of the tonsil is affected, it is of much less value than many other applications in cases which are merely superficial and catarrhal.

Sulphur in Chlorosis.

Dr. Paul Strübing and Dr. Hugo Schulz, of Greifswald, state that in a certain class of cases of chlorosis, in which iron and arsenic fail, the continuous use of sulphur is efficacious. In those cases, however, in which there is a catarrhal condition of the digestive tract, it should not be used.

Prescription for Asthma.

Dr. Cazenave de la Roche has found iodide of potassium combined with cow's milk a very efficient remedy for asthma. It should be given as follows: Distilled water, 150 grammes; iodide of potassium, 8 grammes. One tablespoonful of the solution in a cup of milk twice a day.

CORRESPONDENCE.

A Case of Gleet.

EDS. MED. AND SURG. REPORTER:

About two months ago a sailor consulted me about a gleet discharge from the penis, following gonorrhœa of five months duration, stating that he had received medical treatment both in this city and in Baltimore, consequently having used numerous remedies, without any perceptible benefit.

Feeling confident the man had a stricture, I began to get my instruments ready for an urethral exploration; this he cut short, however, by refusing to allow instrumentation. I afterwards ordered him potassii bromidum for his painful nocturnal erections, and an

ordinary astringent injection, which he used for a couple of weeks without any diminution in the discharge. In the meantime, while reading the *REPORTER*, I saw the report of a case of gleet cured by the weak alkaline treatment, i. e., a 2 per cent. solution, of sodii bicarbonas. I ordered this, and to my surprise and entire satisfaction, the discharge ceased. One swallow does not make a summer, nor one cure a specific; but it sometimes makes a practice.

J. NEELY RHOADS, M. D.,
Asst. Gynecol. Depart., Jeff. Hospital.

NEWS AND MISCELLANY.

Leprosy in Norway.

Dr. Herman Mynter, in the *Western Medical Press*, gives an interesting account of a visit to St. Jurgens, the great hospital for lepers in Norway. Regarding the prevalence of this disease he writes: "While in the middle ages the gallows were erected outside walls of every city to hang every leper who dared to enter, large hospitals are now maintained to take care of these unhappy creatures. A new law has lately entered into force in Norway by which the government has the power to force all lepers into the hospitals, but the opinions about its necessity seem to be divided so far. Leprosy has for years been on the decrease in Norway, from 2,113 cases in 1856, to 1,630 in 1879; possibly on account of the greater civilization and the better knowledge in the population of the disease and of the necessity of its early treatment, possibly on account of the isolation of the infected. The people commence to understand that the earlier the treatment is commenced the better is the prospect of recovery, or, at any rate, such an amelioration of the symptoms that it may be called recovery till a relapse occurs."

Secretary Bayard at Work.

Mr. Bayard is a very hard and constant worker. He goes down to his office every morning at 9, and he seldom leaves for home before 5 in the afternoon. In the middle of the day he sends the messenger out to Ward's dairy for a glass of milk and a biscuit. That is the only meal he takes between morning breakfast and evening dinner. He hardly ever laughs and never really cracks a joke. When he talks it is always with an air of restraint and responsibility. What he prides

himself on most is his superiority to other men in being better acquainted with books.

Secretary Bayard is not one of those who, like Fairchild, the assistant Secretary of the Treasury, always put on full dress to dine. When he dines out or when he has guests at home, he dresses in swallow-tail, but for his ordinary evening at home he dons a short quilted jacket, which is both warm and comfortable and neat. Bismarck is Bayard's favorite statesman, and photographs of Bismarck are set up on the mantel and all around the front parlor of Mr. Bayard's mansion.

The International Congress.

Among the list of gentlemen announced by Dr. J. B. Hamilton as intending to be present at the International Congress, we find among surgeons: Mr. T. Bryant, Mr. C. Heath, and Mr. Jonathan Hutchinson, of England. Among gynecologists and obstetricians: Mr. Lawson Tait, of England; Professor Gustav Braun, of Vienna; Professor Hegar, of Freiburg; J. Amédée Doleris, of Paris. Among neurologists and alienists: Drs. J. Althaus, G. H. Savage, D. Hack Tuke, D. Ferrier, H. C. Bastian, Sir J. C. Brown, William J. Mickle; A. Eulenburg, of Berlin. Among dermatologists: Dr. George Thin, of London; Hans von Hebra, Neumann and Kaposi, of Vienna; P. E. Unna, of Berlin. Among general physicians: Drs. B. W. Richardson, Charles West, Eustace Smith, George Johnson, Sir E. Sieveking, N. T. H. Waters, J. S. Bristowe, Pye-Smith, of England; Professor Dujardin-Beaumetz, of Paris; Drs. Lewin, Gusserow, and Veit, of Berlin. Chiari, of Vienna, is also down as intending to be present.

Earthquakes.

With regard to the injuries and deaths from surprise, or shock that have been produced by these commotions in the South of France, as well as to their phenomena generally, the following extract from Prof. Huxley's paper, "Scientific and Pseudo-Scientific Realism," in the *Nineteenth Century* for February, will help to remove some of the misconceptions that invest them: "It is, he says, to say the least, highly probable that this earth is a mass of extremely hot matter, invested by a cooled crust, through which the hot interior still continues to cool, though with extreme slowness. It is no less probable that the faults and dislocations, the foldings and fractures everywhere visible in the stratified crust, its large and slow move-

ments through miles of elevation and depression, and its small and rapid movements which give rise to innumerable perceived and unperceived earthquakes which are constantly occurring, are due to the shrinkage of the crust on its cooling and contracting nucleus."

His Associates "Settled It."

A distinguished literary man of Oakland, says the *San Francisco Post*, stood up in the police court to answer to the usual charge of vagrancy. "I object, your Honor," he said with dignity, "to this persecution of gentlemen who follow the profession of letters, and ——" "I understand," interrupted the judge, "that you were found sleeping under a doorstep, that you have no visible means of support, and that you have been seen under the influence of liquor." "What of it?" cried the prisoner. "Though I am as poor as Richard Savage, when he made his bed in the ashes of a glass factory; as drunken as Dick Steele, who was full nine-tenths of his time; as ragged as Goldsmith when he was on his fiddling tour; as immoral as Byron; as dirty as Sam Johnson; as ——" "There, there!" cried his Honor, impatiently, "I've no doubt your associates are a disreputable lot, and I shall deal with you in such a manner as to cause them to give Oakland a wide berth. Sixty days with hard labor. Mr. Clerk, furnish the constable with the names of the vagabonds mentioned by the prisoner."

Insane Chinamen in the United States.

Dr. Wilkins, of the Asylum for the Insane at Napa, California, speaking at the last annual meeting of medical superintendents of American asylums, (*American Journal of Insanity*) said that there were about a hundred insane Chinamen in California. Referring to a belief that there were no insane people in China, he stated that he had been told by some of the Chinese who speak English that when a man becomes insane in China he is put in confinement, and is left alone and dies. In his experience the proportion of Chinese who become insane is not so great as that of other nationalities. They eat rice and unstimulating food, and are less liable to be influenced by the excitements, speculations, and similar causes that serve to bring on insanity amongst others. There was, he said, nothing peculiar in the forms of insanity prevalent amongst the Chinese. They were affected with melancholia, mania, and dementia. Three cases of derangement

amongst Chinese occurred during one of Moody and Sankey's revival campaigns.

Prosecuted for Skin-Grafting.

An extraordinary case of prosecution and persecution has recently occurred in the Atlanta, Ga., courts (*Atlanta Med. and Surg. Journal*). On August 30, 1886, in the presence of Drs. Hardon, Westmoreland, and Howell, Dr. Henry Wile, of that city, proposed to a boy of thirteen years to submit to the removal of some small skin-grafts from his arm to be placed upon an extensive ulcerated surface on the head of his cousin, a little girl somewhat younger, whom he had accompanied to the office. The boy readily consented, and minute grafts were excised without causing him any inconvenience. In the afternoon of the same day the father of the boy went to the office and charged Dr. Wile with having cut "his son's arm to pieces." He subsequently swore out a warrant charging him with assault and battery. Upon trial the case was promptly decided in favor of Dr. Wile.

Medical Degrees for London Students.

A large meeting of the students of the London Hospital was recently held to discuss the scheme for providing medical degrees for London students. Dr. Langdon Down, in the chair, was supported by Mr. Treves, Dr. Francis Warner, and Mr. Munro Scott (Warden). Mr. F. Treves proposed, and Mr. J. Moore seconded, "That a committee be formed to draw up a petition to the Royal Colleges, praying that they use their best endeavors to obtain the power of granting a degree in medicine, and that this committee take such steps as they may think fit to support this petition." Dr. Warner spoke in support of the proposition, which was carried unanimously. Messrs. H. Smith, Watts, Mobre, Taylor, and Raynre were elected on the committee, the latter to act as secretary. The meeting was enthusiastic throughout.

An International Congress on Cremation.

An international congress of societies and persons interested in cremation is announced to take place at Milan in September of this year. The programme of the Congress comprises—

1. A general statement of the progress of cremation among different nations.
2. A proposal for constituting an international league of cremation societies.

3. A proposal for international legislation, regulating the removal of bodies from one country to another, and the methods of cremation and conservation of the ashes, from the point of view of public hygiene and legal medicine.

There will be an exhibition of models, plans and designs, books, etc., relating to and bearing on cremation.

A Babe Weighing Just One Pound.

A Lexington (Ind.) special to the *New York World* says:

"Utica, Clark county, a few miles south of here, numbers among its inhabitants probably the smallest baby in the world. It was born on Friday to the wife of Raymond Ferguson, a farmer, and it weighs just sixteen ounces. It is well formed and in very good health. The arms of the little stranger are just three inches long, while its legs measure four inches. Dr. Williams, the attending physician, says it will survive if nothing unforeseen happens. The mother and father of the midget each weigh over 150 pounds, and it is in the best of health."

Cleaning Hair-Brushes with Ammonia.

The best way in which to clean hair-brushes, says the *Popular Science News*, is with spirit of ammonia, as its effect is immediate. No rubbing is required, and cold water can be used just as successfully as warm. Take a teaspoonful of ammonia to a quart of water, dip the hair part of the brush without wetting the ivory, and in a moment the grease is removed; then rinse in cold water, shake well, and dry in the air, but not in the sun. Soda and soap soften the bristles, and invariably turn ivory yellow.

Vaccination in Africa.

Archdeacon Farrar, of Magila, writing from East Africa, says: "We have just saved the whole district of Magila from an invasion of small-pox, vaccinating everybody, at the rate of about fifty a day, until all have been vaccinated; so that while other districts have suffered considerably around us, there has not been a single case of small-pox in the Magila district, with its hundreds of villages, and thousands of people. This, of course, has commended our medical science to the people, and they come in numbers."

An Expensive Set of False Teeth.

Dr. Evans, the American dentist in Paris, made a set of teeth for an English lady, the

ivories being carefully chosen from the mouths of twenty Breton girls, who submitted to the extraction for a pecuniary compensation. Shortly after the set was delivered, the lady traveled to Mentone, and was aroused from her bed by the recent earthquake. She is now back in Paris with sunken-in lips, having forgotten her teeth in the escape from the shaking Italian hotel. A fresh lot of peasant girls with sound teeth are now wanted.

New Hospital for Madrid.

El Siglo Médico states that the plans of the new hospital of San Juan de Dios, which is about to be erected by the corporation of Madrid, are most complete. The number of beds provided for is 644. The building is to be in ten pavilions, constructed of brick and iron on the Tallet system, and separated from one another. It is expected that the building will not be completed for four years.

Ferdinand Ward as a Laundryman.

Ferdinand Ward is the most cheerful man in Sing-Sing (says the *New York Sun*). "The only fault I can find," he said, "is with the food. I haven't got used to that yet, and I'm afraid I never shall get used to it. I am working in the laundry, and I tell you I'm a daisy handling shirts. I just sort the shirts out and do them up in packages of six, and I never make a mistake in the figures."

Vaccination against Snake-bites.

Professor Sewell, at the University of Michigan, Ann Arbor, has been carrying out some experiments in Pasteurization, taking for his subject the virus from the sacs of rattlesnakes. By attenuation and cultivation he has succeeded in protecting pigeons and rabbits by inoculation, so that they will withstand inoculation of five or six times the strength of uninoculated pigeons or rabbits.

The Wakley Convalescent Home.

The *Brit. Med. Journal* announces that the late Dr. Wakley bequeathed to the University College, of London, his residence at Longcross, together with eight acres of land, for the purposes of a convalescent home for patients from the hospital, as a memorial of his father, the founder of the *Lancet*; also \$5,000 to be expended in the maintenance of the home, at the rate of \$1,000 a year.

Trichinae in Beef.

In his earlier years, the late Professor E. L. Youmans was very fond of rare roast beef; but on one occasion Professor Agassiz told him that trichinae were as liable to be found in beef as in pork, and that the only way to avoid the risk of eating them was to have one's meat thoroughly cooked. Always afterwards Professor Youmans insisted upon having his beef "well done."

Disinfecting Bank Notes.

About \$200,000 worth of one and two dollar Dominion notes were disinfected by the City Health Officer at Montreal recently. They had been called in by a local bank during the small-pox epidemic, and the Government officers declined to handle them unless they were first disinfected.

Death of Professor Beclard.

M. Béclard, dean of the Paris Medical Faculty, and Professor of Physiology, died on February 9, aged 70. Pneumonia was the cause of death. M. Béclard wrote a physiological treatise, which has long served as a text-book for students, and still holds its own among its younger rivals.

A Lively Death.

An oysterman whose "saloon" used to be on Maine street was the slowest man in the State. One day he died, and soon after a citizen said to Erastus, the oysterman's son: "Erastus, your father died rather sudden, didn't he?" "Well, yes," said Erastus, "sudden for him."

They Will Have to Pay Them All the Same.

Last summer men went through some New England towns leaving trial bottles of medicine, not to be paid for unless used. Recipients were asked only for a written acknowledgment. Several now find in the hands of third parties notes for \$25, bearing their signature.

Official List of Changes

OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE
UNITED STATES MARINE HOSPITAL SERVICE,
FOR THE WEEK ENDED MARCH
12, 1887.

Banks, C. E., Passed Assistant Surgeon.
To proceed to Chicago, Illinois, and assume temporary charge of the Service, March 10, 1887.

Killed by the Receipt of a Pension Draft.

A colored woman near Oxford, Pa., recently received a draft from the Government for \$3600 back-pay and pension for her husband, who died in the army. When the paper was put into her hands, she became so excited that she died suddenly.

Died from Diphtheria.

Dr. E. L. Andrews, a young physician of West Farms, N. Y., died last week of diphtheria contracted from a patient.

Items.

—Dr. Birdsall has been awarded a medal at the fair of the American Institute for his hitching strap.

—A 13-year-old girl, living in Jersey City, suffered last week with toothache, and one side of her face became swollen. The other night the abscess broke, and she bled to death before assistance arrived.

—Mlle. Magnier, the French actress, and four other ladies, paid \$40 a day for shelter in an old omnibus in Mentone during the earthquake. A hackney coachman confessed to receiving \$400 for a single night's use of his cab.

—A young man living in Ritchie county, West Va., was taken sick with measles. His grandmother, anxious to effect a speedy cure, placed him between two ticks of feathers, with hot stones at his feet and a live sheep alongside of him. He died soon afterwards.

—Pension Doctor—What battle were you in? Pension Fraud—Bull Run. Pension Doctor—Were you wounded there? Pension Fraud—I would have been if I had waited. Pension Doctor—For what do you claim a pension? Pension Fraud—For loss of wind.

—A young lady of Glenmeyer, Canada, was knitting the other day, and thoughtlessly put the point of her needle in her ear. It went further than she expected and touched the tympanum, and as it did so she started with the pain, and the needle pierced the tympanum, destroying the hearing of that ear.

—Arrangements have been made for holding this year a hygienic exhibition at Warsaw. The exhibition will be divided into five groups, comprising respectively the hygiene of food, of dress, of dwellings, of schools, work-shops, and hospitals, and, finally, statistics and meteorology. The opening is fixed for May 15, the closing for July 1.